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LUNACY AND MENTAL DEFICIENCY.



THE
FIFTEENTH ANNUAL REPORT
OF
THE BOARD OF CONTROL
FOR THE YEAR 1928.

PART I

(Presented pursuant to Act of Parliament.)

LONDON

PUBLISHED BY HIS MAJESTY'S STATIONERY OFFICE.

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1929

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(FOR THE YEAR 1928.)

INTRODUCTORY.

It is a matter of regret that we have once more to record the postponement of legislation to give effect to the recommendations of the Royal Commission which reported in 1926. We recognize the difficulty of finding Parliamentary time for a measure of this character; but, while the delay is unavoidable, it is none the less regrettable that the poorer classes should continue to be denied facilities for voluntary treatment in the early and hopeful stages of mental disorder which are open to those more fortunately circumstanced. We hope that it will be possible to introduce legislation at an early stage in the next session.

The incidence of fresh cases of mental disorder during the past year, as notified under the Lunacy Acts to our Board, has been slightly above the average for the last five years. The early part of the year threatened an increase which, had it continued, would have been alarming in view of the small margin of beds at present available. Happily, the rate for the whole year showed a smaller increase over the average than at one time appeared probable. In this relation, we have on many occasions pointed out that no deductions, one way or the other, should be drawn from the figures of any given year. Five years is the shortest period that is safe to consider for this purpose. When the average yearly incidence of the most recent quinquennium is contrasted with averages of previous like periods, there appears no ground whatever for the suggestion, not infrequently made, that the stress of modern life has resulted in an abnormal increase in insanity.

The number of patients remaining under care on account of mental disorder is a matter quite distinct from, and does not necessarily bear any relation to the incidence of those disorders. Thus, the average increase of approximately 2,000 a year in the number of patients under care is due very largely to increased longevity, both in mental hospitals and among the population generally. Patients themselves live longer, and the increase in the adult population, together with the larger number attaining

advanced years, make for a consequent increase in the number of persons for whom institutional accommodation is needed. Mental disorder is, in the main, a condition of adult life, and any increase in the adult population, and, still more, any increase in the expectation of life, will be reflected in an increased number of persons under care, but not necessarily in the incidence of mental disorders.

But while the incidence of mental disorders presents no abnormal or alarming feature, it is to be regretted that the recovery-rate over a long period of years has remained practically constant. Why this should be so it is difficult to determine. There is no positive test of recovery from mental disorders and the personal equation must, to a large extent, vitiate any statistical comparison between one mental hospital and another; should it be desired to make any such comparisons, the precaution should always be taken of contrasting their respective relapse-rates. On the other hand, aggregates are not affected in the same degree by the personal equation, and the fluctuation from year to year in the aggregate recovery-rate for all mental hospitals is astonishingly small. This rather disconcerting fact may be due partly to more rigorous standards of recovery adopted by present-day practitioners. It is, however, difficult to believe that this is more than a partial solution of the riddle of the recovery-rate, and it must be admitted that the figures, in spite of all qualifications, are disappointing.

To this more or less stationary position as to recoveries there is an outstanding exception, namely, the success which is attending the treatment of General Paralysis by induced malaria. As the disease is present in some 6 per cent. of the total admissions and in as many as 11 per cent. of the male admissions, any method of treatment which will cure, or even alleviate, a form of disease which has hitherto been regarded as incurable, and from which some 1,500 persons die yearly, is a matter of great moment. The subject, with a close analysis of the results of this treatment, is embodied in a report by one of the Inspectors of our Board, which we are publishing separately.

Steady progress can be recorded in the process of hospitalization. More and more every year mental hospitals are coming to deserve their title. To enable this advance to continue, we would emphasize the increasing need of a highly trained medical and nursing personnel. This means adequate payment and the encouragement of post-graduate study. Great advances have been made in recent years, but much still remains to be done. From the point of view of humane treatment we cannot speak too highly of the way in which mental hospitals are conducted. From the scientific point of view, however, we are bound to recognize that there are still many hospitals where much more might have been accomplished with a larger medical staff and a more generous provision of laboratory and other therapeutic resources.

We are glad to note in our visits to mental hospitals a steady development of their therapeutic resources; but we could wish that the results gained by new methods of treatment were more carefully observed and recorded. Ultra-violet rays and other forms of light treatment are now being employed in a number of hospitals, but while good results have been claimed in some cases, the present methods of applying these treatments are largely empirical. A much more rapid development of this type of treatment could be secured if directed under skilled guidance and if the results were carefully recorded under an improved scheme. It is satisfactory to know that this matter is now receiving the attention of a Committee of the Medical Research Council, and that steps are being taken to associate certain mental hospitals in a definite scheme of research. We mention this type of treatment as illustrating both the need of research and the way in which it could be carried out within the limitations imposed by the present statutes. As the Royal Commission point out, research in mental hospitals is much hampered by the inability of Local Authorities to contribute to the cost of research outside their own laboratories; but, as this example indicates, there are many directions in which valuable work could be accomplished without any fresh expenditure being incurred at all. In the development of new lines of treatment, it is highly desirable that hospitals should pool their experience, but this can only be done if the results of experimental methods are carefully and scientifically noted. The observations which we have made in regard to ultra-violet ray and light treatment apply also to other forms of treatment, such as electrotherapy, continuous baths and other forms of hydrotherapy.

While the more enterprising Visiting Committees are fortunately ready to test new methods and to adopt any therapeutic device which seems likely to be beneficial, others not unnaturally follow a conservative policy and will not adopt new methods or instal new appliances until their utility has been demonstrated beyond any reasonable doubt. We think that this ultra-cautious policy is a mistake. It is common enough in the enthusiasm for any new discovery to claim for it in all honesty more than later experience will justify; but, even if too sanguine expectations may sometimes be disappointed, it is still worth while to try every new method which gives any hope of improvement. The results, expressed statistically, may be disappointing; but, psychologically, it is worth much to inspire the patient and his relatives with the feeling that everything possible is being done to ensure his recovery. The public generally, and, in particular, the patients' relatives, will never regard mental hospitals as hospitals in the true sense until they are satisfied that vigorous effort directed to the individual patient is being made to effect a cure. There are many cases in which it is of the utmost importance to convince the patient that everything possible is being done for

him, and it is difficult to over-estimate the importance of inspiring the hope which is so important an element in recovery.

With respect to nursing personnel, gratifying progress has been made during the year in the provision of Nurses' Homes. We welcome this, not only because this provision is often the indirect means of releasing fresh accommodation for patients, but still more because we feel the vital importance of securing for the nursing staff restful and comfortable surroundings. Mental nursing is an arduous and exacting occupation, and young nurses cannot be expected to combine with their duty in the wards the theoretical instruction which is now demanded of them unless their hours off duty are quiet and uninterrupted. Every improvement in the conditions under which mental nurses work tends to secure a better type of recruit and also, by increasing the nurses' physical fitness, it is directly beneficial to the patients under their care.

We regret that the training of mental nurses is still in an unsatisfactory and unsettled condition, owing to the continuance of two sets of examinations and alternative certificates based upon a practically identical curriculum. We should cordially welcome any agreement between the General Nursing Council and the Royal Medico-Psychological Association which would secure a unified examination system. On the whole, in the case of men who ordinarily take up mental nursing as a permanent occupation, the percentage who acquire a certificate is steadily improving. But in the case of the women nurses, especially in those areas where mental hospitals have to compete with highly paid local industries, it is often a matter of great difficulty to induce probationers to seek a qualification the value of which they are slow to appreciate. At the same time, it is worthy of note that those hospitals which insist on all new entrants obtaining a recognized qualification have less difficulty in securing recruits, with the result that the average standard on entry is appreciably higher. While it would be paradoxical to suggest that the difficulties of recruitment are due to the adoption of too low a standard on entry, it would seem that nothing is to be gained and much may be lost by lowering the educational standard.

Gratifying results have been obtained in some mental hospitals by the development of occupational therapy and, where the number of patients is sufficient to justify the expenditure, we should be glad to see the appointment of an Occupation Officer more generally adopted. In the past there has been a tendency to concentrate on the employment of those patients whose readiness to work was spontaneous or needed only the urge of some small reward, and upon work which is of some economic value to the institution. It is, however, increasingly recognized that there are many apparently unemployable patients who, in the hands of staff trained in teaching handicrafts of various kinds, can be occupied with great benefit to themselves if sufficient care is taken to select, often by repeated experiment, the particular

kind of occupation best suited to the patient's mental condition. The recent experience of some of the Dutch hospitals, particularly Santpoort and Maasoord, in which occupational therapy has been highly organized, emphasizes afresh that there are many patients, not excluding violent types, who benefit by occupation and who can be far more easily handled if they are kept suitably employed. Carefully organized occupation has a definite therapeutic value; but the choice of work and its teaching to any particular case of the type of patients we have in mind demand experience and skill, and it is not to be expected that the medical staff, often overworked already, can successfully undertake a duty which requires specialized experience.

The appointment of an Occupation Officer is, incidentally, an illustration of the general rule that it is never economical to under-staff a hospital. There is an inclination, natural enough, to regard the maintenance rate as the test of economical management. In our view this test is fallacious. In the long run it is far more economical to promote as many discharges as possible, preferably on recovery, than to lower the maintenance rate. The apparent economy which is caused by keeping the medical staff down to an irreducible minimum, and by leaving the patients without the therapeutic resources and the equipment necessary to a mental hospital organized on modern lines, will bring with it, in the end, its own penalty in the shape of expenditure on additional beds. When it is remembered that to increase the accommodation of an existing hospital or to build an entirely new one may mean an expenditure of £500 a bed, it will be seen how important it is to make the most intensive use of the beds which already exist. An increase in the maintenance rate, if it helps to shorten the average duration of the patient's stay or if, by enabling Out-patient centres to be adequately medically staffed, it prevents the necessity for in-patient treatment, may represent remunerative expenditure.

We are glad to note that an increasing number of centres for Out-patient treatment are being opened, generally in conjunction with a local voluntary hospital and with the co-operation of the Medical Superintendent. We wish to see the number of these centres very largely increased, but it is satisfactory to be able to record that there are already a number of them at which competent advice is available without charge. It is not to be expected that an attitude of mind due to a tradition which has persisted for so many generations can be altered in a short time. This is a matter in which the Press, so potent an instrument of popular education, can, and we hope will, co-operate to emphasize the irreparable harm which may be done by postponing any attempt to seek treatment until concealment is no longer possible and until the patient has to be certified.

At the other end of the scale, skilled and sympathetic care is equally necessary. Too often patients who have been dis-

charged from mental hospitals break down because the transition from the ordered and sheltered life of the hospital to the stress and competition of the work-a-day world is too sudden and too severe for the convalescent. The difficulty is aggravated by the tendency to regard the discharged patient with a certain suspicion. Nothing could be worse for a sensitive patient than to feel that he is regarded by his fellows with curiosity or distrust. In many areas the Mental After-Care Association is doing admirable work in befriending and assisting discharged patients. This is work which in some respects can be more appropriately undertaken by voluntary effort than by any official organization; and we hope that the Mental After-Care Association will receive sufficient financial support to enable its work to be extended to all areas. At the same time, it would be a great gain if, at any rate, the larger mental hospitals could include in their staff someone analogous to the Almoner of the large voluntary hospital. Such an almoner would be responsible for seeing that the patient, on discharge, was put in touch with those who would help him to find employment and to whom he could go for advice in the domestic and financial difficulties which so often confront him on returning, after many months of separation, to normal life. While this social assistance is of the utmost value, there are many cases in which there is need also of medical supervision. Quite apart from humanitarian considerations, we are convinced that at least in the big urban centres it would be a sound business proposition if Visiting Committees had the power, which at present they have not, to employ a skilled psychiatrist to visit and to keep in touch with discharged patients. This experiment has been tried with marked success in association with the institution at Maasoord (Rotterdam), and it is significant that the mental hospital serving this city has a markedly lower admission rate than other Dutch hospitals where no such official is employed. Even in physical disorders, everyone recognizes the relief which is derived from a talk with a sympathetic doctor; but in the case of mental disorders, where there are necessarily subjective symptoms, the patient, haunted as he so often is by the fear of a relapse, may benefit still more by the opportunity of skilled consultation. We hope that in any amending legislation opportunity will be taken to put beyond doubt the power of Local Authorities to appoint an After-Care medical officer.

We note with pleasure an increase in the number of mental hospitals which are linked up with a medical school. We feel strongly that this linking up of mental hospitals to medical schools and to the larger general hospitals is mutually beneficial. It makes available to the mental hospital patients the services and advice of operating Surgeons and of other visiting Specialists; it is stimulating to the medical staff of the general hospital and helps them to realize that psychological medicine is not a subject to be studied in isolation, but is a part of medicine as a whole. Nothing could

be worse for psychological medicine than any tendency to divorce it from other branches of medical study, and closer co-operation between mental hospitals and general hospitals, particularly teaching hospitals, will benefit all concerned.

Another development which we have followed with much interest is the organization of Study Tours of foreign hospitals by the Royal Medico-Psychological Association. This is a movement which deserves all encouragement. We believe that the mental hospitals in Great Britain will stand comparison with those of any other country, but it would be foolish to suggest that there is nothing to be learnt from a study of Continental methods, and we feel sure that these study tours will be of great value not only to those who take part in them but to their colleagues. Although the expenses of these tours are kept as low as possible, there are necessarily many who might be glad to participate, but who find it difficult to afford the time and the money. It would be of much interest to those who cannot themselves take part in these tours if something in the nature of an authoritative report could be issued by the Association to its members.

The successful treatment of mental disorders on modern lines is prejudiced by the inability to make adequate provision for the patient except during the relatively acute phase. We have already referred to the urgent need for legislation to allow public mental hospitals to admit voluntary boarders. At present the accommodation for persons who seek treatment in the incipient stage is very limited and, for the most part, beyond the means of the majority of patients. The removal of the present statutory restriction, vitally important as that is, will not by itself be sufficient to secure early treatment. Much will remain to be done to educate public opinion and to make it more generally understood how essential it is that all persons who show symptoms of any form of mental disorder should seek medical advice at the earliest moment. The Royal Commission pointed out in a memorable chapter that "Insanity is, after all, only a disease like other diseases, though with distinctive symptoms of its own, and a mind diseased can be ministered to no less effectively than a body diseased. But the old conception of insanity dies hard and its traces are still persistent. The modern conception calls for the eradication of old-established prejudices and a complete revision of the attitude of society in the matter of its duty to the mentally afflicted." This is well said, and it cannot be too often repeated. We hope that all who are associated in any way with the administration of the Lunacy Acts will do what they can to dispel the old idea, still too widely prevalent, that the occurrence of any kind of mental disorder can only be regarded as a mysterious visitation about which the less said the better.

The need for additional beds in the County and Borough Mental Hospitals continues to be acute. Although many exten-

sions, mainly of a minor character, were undertaken during the year, the additional beds provided have barely kept pace with the increase in the number of patients. There is practically no margin of vacant accommodation anywhere, and in not a few cases there is now overcrowding both of day and night space—a condition which always dislocates proper classification, interferes with treatment, leads to discomfort and sometimes to injuries and, if allowed to persist, will tend inevitably to undo the excellent hygienic improvements that have been effected during recent years. At the same time, Local Authorities were naturally reluctant to undertake the construction of new hospitals until they had had an opportunity of surveying the Poor Law accommodation made available to them under the new Local Government Act. While the apportionment of any surplus accommodation between the various health services must be determined by the special needs of each area, there will no doubt be a number of cases in which buildings suitable for the accommodation of patients of the quieter protracted type might be placed at the disposal of the Visiting Committee. We hope that in some areas immediate needs may be relieved in this way, but there are other cases in which the construction of new hospitals cannot much longer be postponed. Many of the older hospitals have reached the limit of possible expansion. In a number of cases the sanction given for recent additions, particularly the addition of Admission Hospitals and Convalescent Homes, will help to modernize hospitals of the older type, and such additions cannot but prove extremely valuable. But in other instances we have felt bound, though with reluctance, to agree to additions which were very doubtful improvements, and which were only proposed because the financial position of the Authority made the construction of a new hospital impracticable at the moment. The limits within which an existing institution can be expanded depend upon the circumstances of the particular case. But it is obvious that, whatever may be the ideal limit of size, the expansion of an existing hospital is limited, among other factors, by the present capacity of the administrative blocks or the feasibility—not always possible—of the latter's increase. Many hospitals have now been expanded to such an extent that further additions cannot be made without risking the breakdown of the administrative services and of good management. The position is serious; and, though we trust that one result of the Local Government Act of 1929 will be to afford some relief, this relief may only be temporary, and it is imperative that Local Authorities should take a long view of their requirements. An organization so complex as a modern mental hospital takes a considerable time to design and to construct; and, while we recognize the financial difficulties under which many Local Authorities are now labouring, it is a matter for regret that they should tend to postpone any serious efforts to grapple with this problem until the strain upon their existing hospitals has become

dangerously acute. During the last year it was not to be expected that Authorities in general could make much advance until they had had an opportunity of surveying the accommodation transferred to them under the Local Government Act; but we hope that, once this survey is completed, they will take into account their probable requirements for a term of years.

Turning now from the subject of Mental Disorders to that of Mental Deficiency, we feel it desirable to repeat that, as we said last year, many of the questions involved are but different aspects of what is in reality one problem. Between the two subjects there are undoubtedly great differences as well as between the needs of the sufferers; but there is much overlapping, and it is for this reason, and to ensure that the questions involved receive breadth of consideration and a long view, that in relation to local organization we should like to see a more frequent use made of sections 28 or 66 of the Mental Deficiency Act of 1913. Under these sections, while retaining statutory Committees for both Mental Disorders (under the Lunacy Acts) and for Mental Deficiency, it is possible to create one Committee charged with duties under both Acts—a step which ultimately would enable them to consider all matters in the area related specifically to mental health. Not only are both subjects intimately connected medically, but both are the fundamental causes of various social evils. There are numerous cases now sent to mental hospitals which, for their own sake and for that of others, could be better dealt with in institutions for mental defectives. They, indeed, undoubtedly would be so dealt with if the number of such institutions provided by Local Authorities were adequate, and if the step we advocate and have just mentioned were taken more generally.

Very little progress has been made during the year to meet the shortage of accommodation for mental defectives to which we referred in our last Report. Five new institutions were opened during the year, the most important being the Colonies established by the Hampshire County Council and the West Riding County Council at Coldeast and Oulton Hall respectively. The former was formally opened by the Minister of Health. With these exceptions the number of new beds provided during the year was disappointing, though the designs for several big schemes are now well advanced. This delay is the almost inevitable result of the introduction of the Local Government Act. Local Authorities naturally felt some uncertainty as to the future, and there was also the inclination to defer action pending a survey of the Poor Law accommodation which would be made available under the Act for mental deficiency and other health services. It is our hope that the Local Government Act will effect the release of a considerable amount of accommodation which could be adapted without any considerable expenditure for the reception of the older and less active defectives. At the

same time, while accommodation of this kind will form a most valuable auxiliary, past experience of Poor Law buildings, which have been inspected at the request of various Local Authorities, indicates that in general there is not sufficient ground attached to them to make them suitable for the accommodation of young and trainable defectives. The provision of workshop and field employments and of adequate facilities for recreation, all of which are so necessary for the successful handling of the younger high grade cases, requires a considerable amount of land. We are convinced that all Local Authorities ought to have a central Colony or, in the case of the smaller Authorities, a share in such a Colony, to which the adapted Poor Law buildings would be attached as branches under the general supervision of the Medical Superintendent. Some Authorities have shown an inclination to defer expenditure on the ground that they are no longer receiving a 50 per cent. grant; but, as the Minister of Health has repeatedly pointed out, the new block grant includes a substantial amount of new money to provide for the development of their services, and Local Authorities have no justification for postponing necessary expenditure on the ground that they are not receiving adequate assistance from the Exchequer.

While the transition period is inevitably one of difficulty and while we have little progress to record during the year, the Local Government Act has made an important change, which should result in a very great improvement in the provision for this unfortunate section of society. Hitherto, Mental Deficiency Committees have had, in general, no duties in relation to defectives in receipt of any form of Poor Law assistance. It has long been known that the number of defectives in Poor Law Institutions or in receipt of outdoor relief was very large, and this has been strikingly confirmed by the report of Mr. A. H. Wood's Committee, a joint committee of the Board of Education and Board of Control, to which reference is made in a subsequent paragraph. Under the Local Government Act, for the first time unified control becomes possible, and all defectives within the area, other than those dealt with by the Local Education Authority, may be brought within the scope of the Mental Deficiency Committee. Hitherto, the question whether particular defectives should be dealt with by the Mental Deficiency Committee or by the Guardians has depended upon the accident of whether they were technically "destitute" and in receipt of any form of Poor Law relief. We have no desire to depreciate in any way the past efforts of Poor Law Guardians to provide for defectives; but they were necessarily in many cases without suitable accommodation, with the result that proper classification and training were often impossible. The alternative ways in which unified control can be secured are discussed in detail under *Mental Deficiency*, which forms the second Section of our Report; but we wish here to record our great satisfaction at the accomplishment of a reform which we have long advocated.

An outstanding event of the year has been the publication of the report of Mr. Wood's Committee, together with the report of an investigation carried out under the direction of that Committee by Dr. Lewis, one of our Board's Inspectors. This report is a document of very great importance, and it indicates that the incidence of mental defect is very much greater than has hitherto been supposed. We recognize that Dr. Lewis's findings relate to a limited number of districts; but these districts are typical and were chosen with extreme care. While there is always a possibility of accidental variation when statistical inferences have to be based on a limited enquiry, we see no reason to doubt the substantial accuracy of Dr. Lewis's main conclusions as to the incidence of mental defect, though we cannot at this stage commit ourselves to accepting his findings in their entirety. In particular we would point out that the proportion of the total number of defectives who require institutional accommodation is to a considerable extent a matter of policy and is therefore not susceptible of exact calculation. The importance of the figures lies in the fact that they indicate that the number of defectives per 1,000 of the population is approximately twice that found by the Royal Commission which reported in 1908. This does not necessarily mean that there has been an actual increase in incidence of mental defect, though we are disposed to agree with the Committee that it is not improbable that the numbers have increased in the last twenty years. The causes, direct and indirect, of any such increase may be many; and, manifestly, the importance of the matter is so great that continued research into it is in the highest degree desirable. Incidentally, the figures bring out a very marked disparity between the incidence of defect in urban and rural areas, and this emphasizes the damage which is done to the average of the rural population by the drift of the more able-bodied to the towns. The Committee's report, which is discussed in detail in the second Section of our Report, should help to bring home to Local Authorities the extreme gravity of the social problem which mental deficiency presents.

I.—MENTAL DISORDERS.

(Under the Lunacy Acts.)

On the 1st January, 1929, the number of notified insane persons under care in England and Wales was 141,080, an increase of 2,787 during the preceding year, the average annual increase for the five years ending 1st January, 1929, being 2,149. The percentage distribution of the sexes—males 43·9, females 56·1—was practically unchanged.

The increased number of notified insane has no necessary connection with the incidence of mental disorders in the general population, being merely the increase shown by the excess of

the admissions over the combined deaths and discharges. It is desirable to emphasize this fact on account of the erroneous deductions that are sometimes drawn from such increases.

STATUS AND DISTRIBUTION.

Private patients on the 1st January, 1929, numbered 14,636 (males 8,549, females 6,087), a decrease during the year of 10. Included in this number are 5,402 "Service" and "ex-Service" patients—51 fewer than a year ago.

Patients in the Naval and Military Hospitals (Yarmouth 120, Netley 43) are included among the private patients, as also are the 51 persons found insane by inquisition who were resident in institutions. There were in addition 91 persons (males 55, females 36) so found by inquisition who, not being resident in institutions, are not notified to us and so do not fall within the scope of our statistics. The total number of cases found insane by inquisition continues to show a steady decrease year by year, due to the lessened use made of this mode of procedure.

The percentage sex distribution of the private patients was 58·4 males, 41·6 females—a fall of 0·5 in the males with a corresponding rise in the proportion of females, as compared with last year; but if the "Service" and "ex-Service" patients are excluded, as is advisable if it is desired to draw conclusions from such figures, the percentages became 34·1 males, 65·9 females—a fall of 0·4 in the males.

Rate-aided patients on the 1st January, 1929, numbered 125,534 (males 52,753, females 72,781) or 89·0 per cent. of all the notified insane. They increased by 2,780 during 1928, as compared with an average annual increase of 2,070 during the last five years.

The percentage sex distribution was males 42·0, females 58·0; or, if the "Service" and "ex-Service" patients are included, males 44·4, females 55·6. These proportions are unchanged from the previous year.

Criminal patients on the same date numbered 910 (males 687, females 223), an increase of 17 during the year.

Transfers from Class to Class.—During 1928, 877 rate-aided patients (446 males and 431 females) were transferred to the private class, 163 private patients (48 males and 115 females) were transferred to the rate-aided class, and 62 criminal patients were retained and classified as rate-aided patients on the expiry of their sentences or on their discharge as criminals.

Distribution of Notified Insane Patients.—The principal changes during the year 1928 were—an increase of 2,964 patients (males 1,199, females 1,765) in County and Borough Mental Hospitals, as compared with an increase of 2,025 in 1927; increases of 79 in Licensed Houses, 14 in Broadmoor Criminal Asylum, and 36 in those in receipt of Out-door Relief. On the other hand, there

SUMMARY OF INSANE PATIENTS, 1st January, 1929.

WHERE MAINTAINED on 1st January, 1929.	PRIVATE.			RATE-AIDED.			CRIMINAL.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In County and Borough Mental Hospitals	6,537	2,970	9,507	44,629(a)	61,473	106,102	60	21	81	51,226	64,464	115,690
In Registered Hospitals ...	795	1,239	2,034	—	—	—	—	—	—	795	1,239	2,034
In Licensed Houses :—												
Metropolitan ...	365	707	1,072	15	28	43	—	—	—	380	735	1,115
Provincial ...	592	908	1,500	—	—	—	—	—	—	592	908	1,500
In Naval and Military Hospitals	163	—	163	—	—	—	—	—	—	163	—	163
In Criminal Lunatic Asylum ...	—	—	—	2	—	2	627	202	829	629	202	831
In Poor Law Institutions :—												
Ordinary Poor Law Institutions	—	—	—	4,666	6,513	11,179	—	—	—	4,666	6,513	11,179
Metropolitan District Asylums	—	—	—	2,118	2,490	4,608	—	—	—	2,118	2,490	4,608
In Private Single Care ...	97	263	360	—	—	—	—	—	—	97	263	360
In Outdoor Relief ...	—	—	—	1,323	2,277	3,600	—	—	—	1,323	2,277	3,600
TOTAL ...	8,549	6,087	14,636	52,753	72,781	125,534	687	223	910	61,989	79,091	141,080
Increase during 1928 ...	Males.			Females.			Total.			Males.		
	80*			70			10*			81		
	1,236			1,544			2,780			883		
	9			8			17			—		
{ Private ... Rate-aided ... Criminal ... Total	1,165			1,622			2,787			£64		
		
		
		

were decreases in the numbers in all other classes of institution and care, namely, 11 in Naval and Military Hospitals, 19 in Private Single-Care, 42 in Registered Hospitals, and 234 in Poor Law Institutions (120 in the Metropolitan District Asylums and 114 in other Poor Law Institutions).

Table showing Distribution expressed as a proportion per cent. of total number of notified Insane under care.

	1889	1899	1909	1919	1929
1. In County and Borough Mental Hospitals.	62.5	69.5	75.7	76.4	82.0
2. In Registered Hospitals - -	2.7	2.4	2.0	2.1	1.4
3. In Licensed Houses - -	4.8	4.1	2.3	2.9	1.9
4. In Naval and Military Hospitals -	0.4	0.3	0.1	0.2	0.1
5. In State Criminal Asylums - -	0.7	0.6	0.7	0.7	0.6
6. In Metropolitan District Asylums	6.7	5.8	5.5	4.7	3.3
7. In other Poor Law Institutions -	14.5	11.1	9.0	9.1	7.9
8. In Single-Care - - - -	0.5	0.4	0.4	0.4	0.3
9. In Outdoor Relief- - - -	7.2	5.8	4.3	3.5	2.5

MOVEMENT OF PATIENTS.

Admissions, Discharges, Transfers to other Care, and Deaths in 1928.—Owing to the absence of detailed information of the movement of the insane persons in Poor Law Institutions and of those in receipt of Outdoor Relief, statistical information under this head is necessarily limited to patients in the institutions comprized under the first five of the forms of care tabulated above and to patients in single-care.

The subjoined statement refers only to certified patients and omits reference to voluntary patients, of whom at the close of the year there were 1,006* :—

Resident on 1st January - - - -	118,706
Direct admissions - - - -	22,377
Indirect admissions - - - -	2,904
	<hr/>
	143,987
	<hr/>

* Including 169 at the Maudsley Hospital, where all the patients are upon a voluntary footing, and 70 at the City of London Mental Hospital, where, under the City of London (Various Powers) Act, 1924 (s. 8), patients can now be received on this footing.

† Either by reason of irregular admission documents, lapsing of reception orders (s. 38, Lunacy Act, 1890), or discharges under s. 85.

Discharged :—

Recovered	-	-	-	-	-	-	-	6,901
Relieved	-	-	-	-	-	-	-	3,011
Not improved	-	-	-	-	-	-	-	474
†By operation of law	-	-	-	-	-	-	-	250
“Not now insane”	-	-	-	-	-	-	-	23
Transferred (under order) to other care	-	-	-	-	-	-	-	2,866
Died	-	-	-	-	-	-	-	8,769
Remained at end of year	-	-	-	-	-	-	-	121,693
								<hr/> 143,987 <hr/>

The daily average number resident increased from 117,327 (males 52,074, females 65,253) in 1927 to 119,945 (males 53,130, females 66,815) in 1928—the proportion in County and Borough Mental Hospitals being 94·9 per cent. in the former, and 95·0 in the latter year.

Direct admissions were 22,377 (males 10,002, females 12,375), of which 92·8 per cent. were admitted into County and Borough Mental Hospitals. This number was 484 more than in 1927 and 31 more than the yearly average for the decennium 1919–28. The ratio of admissions per 10,000 of the population (aged 16 years and upwards) of England and Wales was 7·74 (males 7·37, females 8·07), a rise of 0·08 per 10,000 of the population as compared with the ratio for 1927. This increase was comparatively small, the ratio for 1928 being 0·31 below the mean for the preceding seven years (*See 14th Report, p. 9*).

First admissions during 1928 numbered 17,766 (males 8,231, females 9,535), or 79·4 per cent., of all the direct admissions—nearly 1·0 per cent. below the average of the preceding five years.

Discharges—that is, persons discharged from reception orders as recovered, relieved, or not improved—numbered 10,386 (males 4,236, females 6,150). Of these, 6,901 were discharged as *recovered*, yielding a *recovery rate*, calculated on the direct admissions, of 30·84 per cent. (28·21 for males, 32·96 for females), that for males being 0·35 and that for females 2·11 below the corresponding rates for the decade 1919–28. The discharges as *relieved* and as *not improved* numbered respectively 3,011 and 474 ; and, if these and the 23 discharged as *not now insane* and the 138 cases discharged *after escape* (s. 85) are added to the recoveries, it shows that the total absolute discharges from reception orders during the year were 47·1 per cent. of the direct admissions—2·1 below the average of the preceding five years.

Deaths numbered 8,769 (males 4,372, females 4,397). They were 542 fewer than in the preceding year ; and the *death rate* (7·31 per cent. of the daily average number resident) was 0·63 below the rate for 1927. The rate for males was 8·23 per cent., and for females 6·58.

Transfers to other Care, etc.—During the year 2,904 patients were either transferred (under order) from one institution for the insane to another, or to or from single-care, or were (in a few instances) indirect admissions following discharge by operation of law. These cases are technically termed indirect admissions, and call for no further comment as no inferences can usefully be drawn from them.

Numbers remaining under Care.—The number of patients remaining under care (with the exception of those in Poor Law Institutions and those in receipt of Outdoor Relief) on the 1st January, 1929, was 121,693 (males 53,882, females 67,811). It represents an increase of 2,987 patients as compared with one of 1,960 for the preceding year. The larger increase for 1928 was almost entirely due to there having been 484 more admissions and 542 fewer deaths.

COUNTY AND BOROUGH MENTAL HOSPITALS.

(Ninety-eight* in number.)

1. *Accommodation.*

On the 1st January, 1929, there was vacant accommodation in bed space in the County and Borough Mental Hospitals for 857 males, while there was a deficiency of accommodation for 825 females.

The average annual increase in the patients in these institutions during the five years ending 1st January, 1929, was 2,360 (males 1,066, females 1,294). The position generally with respect to accommodation must, therefore, be regarded as a very serious one.

As the result of numerous small additions and re-arrangements, provision was made during 1928 for an additional 467 males and 979 females, but there is indication that many visiting Committees are hesitating to embark on any large schemes of extension pending the coming into operation of the new Local Government Act and possible fresh lunacy legislation.

The view is held, although this is open to doubt, that the provisions of the Local Government Act may have the effect of placing at the disposal of Visiting Committees a considerable amount of vacant Poor Law accommodation which might be utilized for suitable cases from the Mental Hospitals, thus avoiding the necessity for extensions in the near future, while in many instances, the stringency of the financial situation is put forward as a reason for postponing the provision of additions which it is admitted are urgently needed.

Schemes for extensions at a number of mental hospitals are now before our Board, and, as mentioned in our Report last year, new institutions are to be provided for Middlesex and for Swansea and Merthyr Tydfil. It is evident that these proposals will

* Excluding Maudsley Hospital (*see* footnote, p. 14).

go but a small way towards meeting the demands for accommodation in the near future. We need hardly point out that the provision of adequate accommodation for the insane is an important statutory duty imposed upon local authorities, and we would urge upon all the authorities concerned the importance of estimating their needs for some years to come and of taking an early opportunity of consulting us in the matter.

2. Admissions, Discharges and Deaths.

On the 1st January, 1929, the County and Borough Mental Hospitals contained 115,690 patients, classified as follows :—

—————					Males.	Females.	Total.
Private	...	...	...	...	6,537	2,970	9,507
Rate-aided	...	...	...	...	44,629	61,473	106,102
Criminal	...	...	...	...	60	21	81
Total ...					51,226	64,464	115,690

This was a net increase of 2,964 in the number of patients resident, as compared with 1st January, 1928.

Direct Admissions.—During 1928 there were 20,774 “direct” admissions, as shown below :—

—————					Males.	Females.	Total.
Total admissions in 1928	...	...	...	...	10,408	12,931	23,339
Deduct transfers from other Institutions, and re-admissions on fresh reception orders to replace lapsed orders	...	...	...	...	1,127	1,438	2,565
Number of direct admissions	...	...	...	...	9,281	11,493	20,774

The direct admissions in 1928 were 215 more in number than the average of the preceding ten years, the males being 104 below the average, and the females 319 in excess ; as compared with 1927, the male admissions increased by 24 and the female increased by 276. These fluctuations in numbers emphasize the necessity of taking the average of several years when endeavouring to estimate accommodation likely to be required.

First-attack Cases.—Owing to absence of full and reliable history, these cannot be given in actual numbers, and it is safer to be content with stating that, of the direct admissions in 1928,

20·9 per cent. (males 18·1, females 23·1) had been previously discharged from reception orders. These percentages are slightly higher than those for 1927 and are 1·3 per cent. above the average of the preceding five years.

Discharges and Transfers.—During 1928 these numbered 12,100, of whom were :—

—	Males.	Females.	Total.
Discharged—			
Recovered	2,625	3,782	6,407
Relieved	968	1,656	2,624
Not improved	186	187	373
By operation of law (lapsed Orders, &c.)	167	73	240
Transferred to other institutions for the insane or to single-care ...	1,087	1,369	2,456
Total	5,033	7,067	12,100

These figures show that the percentage of total discharges (recovered, relieved and not improved) to admissions was 45·3, about 2·4 per cent. below the average of the preceding five years, while the percentage of recoveries alone was 30·8 (males 28·3, females 32·9), as compared with an average of 31·2 for the preceding ten years. There was, as usual, a marked difference between the County and the Borough Mental Hospitals with respect to recovery rates, the percentages being 29·7 and 37·1 respectively, a subject which, when opportunity presents, we propose to investigate.

Deaths.—During the year, 8,274 patients (4,175 males, and 4,099 females) died.

The proportion per cent. of deaths to the daily average number of patients resident was 7·3 (8·3 males and 6·5 females). This was 0·6 below that of the previous year, and was the same as in 1926, which was the lowest rate we had ever recorded. It is worthy of note that no fewer than 13 per cent. of the deaths took place within one month of admission.

The number of *post-mortem examinations* was 5,398, being 65·2 per cent. of the deaths. The percentage of these examinations varied at the respective institutions from 100 (Cumberland) and 90 or over at the Severalls, Barming Heath, Napsbury, Monmouth, Burntwood, Cheddleton, Wadsley, Winson Green, Bristol, Croydon, Leicester City and York City Mental Hospitals, to less than 25 at Denbigh (24), Park Prewett (17), Ipswich (11), and 9 at Newport (Mon.).

Service Patients.—On the 1st January, 1929, these numbered 4,799, being a decrease of 38 during the year. There were also on the same date 455 “ex-Service” patients (16 less than in

the previous year), the cost of whose maintenance is defrayed by our Board from a special Exchequer grant (see Eleventh Report, p. 31).

3. *Changes among Medical Superintendents.*

Notts County.

Dr. Samuel Lloyd Jones, who for 19 years had been Superintendent here, and whose health for some considerable time had been failing, died on the 6th of February last year. Including twelve years' membership of the medical staff at Colney Hatch, he had thus devoted rather more than 30 years to the institutional care of patients suffering from mental disorder, to whose welfare—as well as to the best interests of his Hospital—he always gave his best energies. His duties also included those of Medical Adviser to the Notts Mental Deficiency Committee. During the war the institution became, under the “Asylum War Hospitals” scheme, the Notts County War Hospital, providing 540 beds for soldiers. It was one of the mental hospitals which only in the later working of the scheme was lent to the Military Authorities for this purpose; but during the twelve months of its operation from July, 1918, to August, 1919, Lt.-Col. Lloyd Jones rendered valuable service as Officer Commanding. As his successor, and after advertizing the post, the Committee of Visitors appointed Dr. H. C. Waldo (M.R.C.S. Eng., L.R.C.P. Lond.), Barrister-at-Law, who, besides previous experience at Colney Hatch and Middlesex (Springfield) Mental Hospitals and five years as Surgeon (Temporary) in the Royal Navy, was at that time Deputy Superintendent at Barnwood House, Gloucester.

Hants (Park Prewett).

Dr. Richard F. B. Bowes had been Superintendent here since October, 1919, when the Hospital—following its evacuation as the Fourth Canadian General Hospital—was opened as the second mental hospital for Hampshire and for the County Boroughs of Southampton and Bournemouth. Consequent upon ill-health Dr. Bowes, who, including some seven years at Brookwood, had rendered eighteen years' service in mental hospitals, relinquished his post in February, 1928. After advertizing the vacancy thus caused, the Committee appointed in his succession Dr. V. L. Connolly, M.C. (M.B. Belf., D.P.M.), at that time Deputy Superintendent at West Park (County of London). Besides previous general hospital experience, Dr. Connolly, as a member of the medical staff at Long-Grove and two other London County Mental Hospitals, had had nearly sixteen years' experience in the treatment of mental disorders.

Cumberland and Westmorland (Garlands).

Dr. William Frederick Farquharson, who for the long period of 36 years had been a member of the medical staff here—for

thirty years of which he had occupied the position of Superintendent—retired last September. Dr. Farquharson possessed an intimate knowledge of his patients and of their needs; and, besides his devotion to their interests, he did a great deal to promote improvements in the hospital over which he had presided so long. To succeed him, and after advertizing the post, the Committee appointed Dr. J. T. H. Madill (B.A., R.U.I., M.B. Edin., F.R.F.P.S. Glasg., D.P.M.). Dr. Madill, at that time Deputy Superintendent at Upton (Cheshire), had held a like position at Hill End (Herts) and, besides serving in the R.A.M.C. for three and a half years, had had some eight years' mental hospital experience.

County of Kent (Barming Heath).

Dr. Herbert Wolseley-Lewis, F.R.C.S., at the end of last October retired from the post of Superintendent here, a position which for 24 years he had occupied with high distinction to himself and signal advantage to the Hospital. In carrying out his duties, which also included those of Medical Adviser to the Mental Deficiency Committee, he was able to bring to bear much originality of thought, as well as a ripe experience gained during the opening of Claybury, at two other of the London County Mental Hospitals, and during a short time spent as a member of the medical staff of Broadmoor State Asylum. Under his Superintendentship, and with the active support of his Committee, many important improvements have been effected at this old institution—which, erected in 1833, had possessed somewhat prison-like features—transforming it into one worthy of the name Hospital. His well-known and successful efforts to raise the status and efficiency of the nursing staff are reflected in the Nurses' Home and Training School, opened in 1927, and in the valuable services he rendered as a member of the Departmental Committee on Nursing (1922).

Dr. Wolseley-Lewis has devoted in all 37 years to the advancement of psychological medicine, and it is our hope that a share of his well-earned leisure may still be available in this connection. In his place, and after advertizing the post, the Committee appointed Dr. A. C. Hancock, M.C. (M.B. Lond., M.R.C.S., L.R.C.P., D.P.M., D.P.H.), Deputy Superintendent at Horton. Besides some previous general hospital experience, he had had altogether 14 years' mental hospital service there and at two other London County Mental Hospitals—a period which was interrupted by five and a half years' war service.

4. *Finance.*

The total expenditure on the upkeep of the County and Borough Mental Hospitals in England and Wales, and on the maintenance, supervision and treatment of the patients in them during the

financial year ended 31st March, 1928, amounted to £7,813,685, made up as follows :—

	£
Maintenance	6,808,972
Building and repairs	974,494
Land purchased	23,808
Land rented	6,411
	<hr/>
	£7,813,685
	<hr/>

The above figures do not include any expenditure on new institutions as yet unoccupied.

Compared with the preceding financial year, there was an increase of £78,102 in the cost of building and repairs, and of £1,462 in the outlay on land, while there was a decrease of £69,121 in the cost of maintenance, and of £562 in the amount paid for land rented, making a total net increase of £9,881 in expenditure.

Average weekly Cost.—The average weekly cost per head of maintenance, excluding the cost of repairs, additions and alterations, was as follows :—

	s.	d.
In County Mental Hospitals ...	21	11 $\frac{5}{8}$
In Borough Mental Hospitals ...	24	7 $\frac{3}{4}$
In both taken together	22	7 $\frac{1}{2}$

In making comparisons between the County and the Borough Mental Hospitals, it should be borne in mind that the former are on the average twice the size of the latter ; and that up to a limit, not easy to define, the larger the number of patients in an institution the smaller the cost per head tends to be.

The average weekly cost per head for all institutions showed a decrease of 7 $\frac{1}{8}$ d. during the year under review, and a reference to the comparative table on page 22 will reveal that, while the cost of most items remained comparatively stationary or showed small increases, the reduction in the total cost was obtained by reason of substantial decreases in the cost of “ necessities ” (which item includes fuel and light) and provisions.

Pensions.—The average weekly cost per head of pensions granted under the Asylums Officers’ Superannuation Act, 1909, was 11 $\frac{1}{8}$ d. There was also a sum of £19,114 paid direct by County and Borough Councils for pensions granted under the Lunacy Acts of 1890 and previous years, which do not appear on the accounts of the several Visiting Committees. The inclusion of this sum raises the cost per head of pensions, gratuities, etc., to 1s. per week.

The items making up the average weekly cost for the last two financial years are contrasted in the following table :—

DETAILS OF THE AVERAGE WEEKLY COST.	County Mental Hospitals.		Borough Mental Hospitals.	
	1926-27	1927-28	1926-27	1927-28
	s. d.	s. d.	s. d.	s. d.
Provisions not supplied from Institution garden and farm but procured from outside the Institution (including malt liquor in ordinary diet)	4 7 $\frac{5}{8}$	4 5 $\frac{3}{8}$	4 11 $\frac{1}{2}$	4 7 $\frac{1}{2}$
Garden and farm	1 7 $\frac{5}{8}$	1 7 $\frac{3}{4}$	2 3 $\frac{1}{8}$	2 4 $\frac{3}{4}$
Clothing of patients and staff ...	1 0 $\frac{3}{4}$	1 0 $\frac{3}{8}$	1 2 $\frac{1}{8}$	1 1 $\frac{5}{8}$
Salaries and wages (excluding deductions for board, lodging, and washing, and deductions under the Asylums Officers' Superannuation Act, 1909)	9 4 $\frac{5}{8}$	9 5 $\frac{1}{2}$	10 6 $\frac{3}{8}$	10 4 $\frac{1}{2}$
Pensions, gratuities, &c. (charged to maintenance account)	0 8 $\frac{1}{2}$	0 9 $\frac{3}{8}$	0 7 $\frac{3}{4}$	0 8 $\frac{1}{2}$
Necessaries (e.g., fuel, light, washing, &c.)	3 0	2 4 $\frac{3}{4}$	3 7 $\frac{1}{4}$	2 11 $\frac{7}{8}$
Surgery and dispensary	0 2 $\frac{3}{8}$	0 2 $\frac{1}{2}$	0 3	0 3 $\frac{1}{8}$
Malt liquor, wine and spirits (not included in ordinary diet)... ..	0 0 $\frac{1}{8}$	0 0 $\frac{1}{8}$	0 0 $\frac{1}{8}$	0 0 $\frac{1}{8}$
Furniture and bedding	0 9	0 9	0 10 $\frac{7}{8}$	0 10 $\frac{1}{8}$
Miscellaneous	1 11 $\frac{1}{4}$	2 0 $\frac{1}{2}$	2 4 $\frac{3}{8}$	2 5 $\frac{1}{4}$
	23 3 $\frac{7}{8}$	22 9 $\frac{1}{4}$	26 8 $\frac{1}{2}$	25 9 $\frac{3}{8}$
Less Moneys received for articles, goods, and produce sold (exclusive of those consumed in the Institution)	0 10 $\frac{1}{2}$	0 9 $\frac{5}{8}$	1 2 $\frac{3}{8}$	1 1 $\frac{5}{8}$
NET TOTAL average weekly cost per head ...	22 5 $\frac{3}{8}$	21 11 $\frac{5}{8}$	25 6 $\frac{1}{8}$	24 7 $\frac{3}{4}$

5. Causes of Death during 1927.

The time that elapses between the receipt of the mortality statistics for any given year and the preparation for publication of our Report for that year is too short to permit of an adequate study of the aggregate figures and the compilation of a complete analysis of returns. The subjoined table, therefore, refers to the deaths that occurred in County and Borough Mental Hospitals during 1927, the equivalent details relating to the year covered by this Report (1928) being not yet available. Some reference, however, will be made, in the section that follows this, to the mortality for 1928 in regard to certain diseases, particular reference to which necessitates the production of the latest possible

information. This procedure is in accord with that adopted during recent years.

It will be observed that the Causes of Death are no longer classified as "Primary" or "Secondary." This is due to the enactment of the Births and Deaths Registration Act, 1926, under which, by Regulations, a new form of Death Certificate was prescribed by the Registrar-General.

Causes of Death in the cases of all Patients in County and Borough Mental Hospitals who died during the year 1927. The daily average number of patients resident during 1927 was 111,363 (Males 49,464, Females 61,899).

Cause of Death. (The numerals refer to the International List of Causes of Death as adapted by the Registrar-General for use in England and Wales.)						Number of Deaths.		
						Males.	Fem.	Total.
1.	Enteric Fever	...	...	...	...	9	19	28
10.	Diphtheria	...	...	...	...	—	2	2
11.	Influenza	...	...	...	...	87	186	273
16.	Dysentery...	...	...	...	...	13	31	44
21.	Erysipelas...	...	...	...	...	8	10	18
23.	Encephalitis lethargica	...	...	...	...	11	12	23
31.	Tuberculosis of the respiratory system					311	342	653
32-37.	Other forms of tuberculosis	...	...			40	46	86
43-49.	Cancer and other malignant diseases	...				124	185	309
54.	Pellagra	...	...	...	...	1	4	5
57.	Diabetes	...	...	...	...	14	13	27
74.	Cerebral haemorrhage, apoplexy, etc.					131	142	273
76.	General paralysis of the insane			...		889	219	1,108
77.	Other forms of insanity	...	...	...		91	157	248
78.	Epilepsy	...	...	...	...	176	128	304
83.	Cerebral softening	...	...	...		67	86	153
84.	Other diseases of the nervous system	...				55	43	98
88.	Acute endocarditis and myocarditis	...				51	60	111
90.	Other diseases of the heart	...	...			421	688	1,109
91.	Diseases of the arteries	...	...			475	404	879
99.	Bronchitis...	...	...	...	...	102	103	205
100 & 101.	Pneumonia (all forms)	...	...	...		349	520	869
113 & 114.	Diarrhoea and Enteritis	...	...	...		9	13	22
128 & 129.	Nephritis	...	...	...	...	160	239	399
164.	Old age	...	...	...	...	328	531	859
	All other diseases	...	...	...	...	293	307	600
	Violent deaths (including suicide)	...				51	34	85
Total deaths						4,266	4,524	8,790

6. *Infectious and Allied Diseases during 1928.*

Smallpox.

In March there was an outbreak of smallpox in a mild form at Middlesex (Springfield) Mental Hospital, affecting 11 women

among the patients and one nurse. On the discovery of the infection energetic measures were successfully taken to prevent its spread.*

Scarlet Fever.

This disease attacked 88 patients and 36 members of the staff of mental hospitals. It was mild in type and the only death was that of a male patient.

Diphtheria.

Fifteen patients and ten nurses were attacked by diphtheria, causing the death of three of the former.

Tuberculosis.

On January 1st, 1928, the number of cases under treatment were:—

—					Males.	Females.	Total.
Pulmonary	...	...	...	...	492	603	1,095
Other forms	...	...	...	...	83	136	219
All forms	...	...	...	...	575	739	1,314

These numbers express a prevalence of 11·8 per 1,000 of the daily average number of patients resident, the corresponding proportions as to sex being 11·6 for males and 11·9 for women. At the same date there were also under treatment for pulmonary tuberculosis four male and six female members of the staff, as well as one nurse for another form of this disease.

Fresh Notifications during 1928.—In the course of the ensuing twelve months notifications were made to our Office in relation to 815 further patients (409 male and 406 female) as cases of pulmonary tuberculosis, and of 92 (41 male and 51 female) suffering from the disease in other forms, in all 450 males and 457 females, making a total of 907. In addition, the cases of 12 members of the male and 18 of the female staff were similarly notified.

The number of fresh cases has diminished both in the pulmonary and the other forms of the disease, particularly among women patients. There were 111 fewer fresh cases of tuberculosis in 1928 than in 1927 (men 27 and women 84); and, of that number, 98 represent the pulmonary form.

* For copy of circular letter No. 709, issued by the Commissioners on April 20th, 1928, in relation to Smallpox and Vaccination, see Appendix A., Part II.

Below is given a table showing the incidence of new cases of the disease in all forms over a period of five years:—

Year.			Males.	Females.	Total.	Rate per 1,000 Resident.
1924	...	...	603	618	1,221	11·7
1925	...	...	534	723	1,257	11·8
1926	...	...	506	556	1,062	9·7
1927	...	...	477	541	1,018	9·1
1928	...	...	450	457	907	8·0

On December 31st, 1928.—Deleting from the numbers of old and new cases those referring to patients who had died, been discharged from the hospitals, or removed from the list as no longer active cases of the disease, we find remaining under treatment at the end of the year:—

—					Males.	Females.	Total.
Pulmonary	...	...	...	...	435	585	1,020
Other forms	...	...	...	...	81	115	196
All forms	...	...	...	...	516	700	1,216

In addition to these, there were seven male and nine female members of the staff under treatment for pulmonary tuberculosis.

Deaths from Tuberculosis.—The table below shows the number of deaths and their rates per 1,000 of the resident patients during the last five years. It must be pointed out, however, that during the year 1927 a change in the form of death certification resulted in the elimination of secondary causes of death from the totals; thus for 1926 the total number of deaths from this disease is 875, but of these 758 only were primarily due to tuberculosis, yielding a death rate of 6·9.

Year.	Tuberculosis.						Daily Average Number of Patients.
	Pulmonary.		Other Forms.		All Forms.		
	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	
1924 ...	941	9.0	223	2.1	1,164	11.2	104,137
1925 ...	773	7.3	145	1.4	918	8.6	106,403
1926 ...	715	6.6	160	1.5	875	8.0	109,113
1927 ...	667	6.0	50	0.45	739	6.6	111,363
1928 ...	617	5.4	88	0.77	705	6.2	113,987

The annual death rate for the quinquennium 1910-1914 was 16·5 per 1,000 for all forms of tuberculosis. Last year the rate was 6·2, the lowest recorded. The corresponding figure for the London group was 2·5; for the two Birmingham hospitals 3·5. For the 24 Borough mental hospitals, including those of the City of London and the City of Birmingham, the death rate was 5·0. These hospitals represent populations definitely urban in origin. Some, however, of the County mental hospitals, representing rural populations, figure among those with the lowest death rates, such as:—

East Riding	-	0·0	Gloucester	-	1·7
Brecon	-	0·0	Northampton	-	2·1
Salop	-	1·1	West Sussex	-	2·4
Cambridge	-	1·5	Isle of Wight	-	3·0
Parkside	-	1·5	Netherne	-	3·0

In addition to East Riding and Brecon, the following hospitals record no deaths from tuberculosis:—Ewell Colony, Exeter, and City of London. One in each hospital is reported from Scalebor Park, Isle of Wight, York City, Sunderland, Cambridge, Salop and Croydon, and two each from Newport, Ipswich, Derby Borough, Berkshire, Parkside, Gloucester, West Sussex and Cardiff.

Hospitals with high death rates are:—

Mental Hospitals.	Deaths.		Average Daily Number of Patients.
	Rate per 1,000.	Number.	
Cheddleton	16·8	19	1,131
Canterbury	16·5	4	242
Burntwood	15·0	14	930
Oxford	13·9	10	721
Herts	12·6	11	876
Cumberland	12·6	11	871

Seasonal Variation.—The larger incidence of the pulmonary form in the first and second quarters of the year over the third and fourth is again to be seen, mainly among the males; it is to be observed also in the notifications of the disease in the civil population of England and Wales, according to the figures kindly furnished by the Registrar-General.

Pulmonary Tuberculosis—Notifications.

1928.	County and Borough Mental Hospitals.	Civil Population (England and Wales).
January to June ...	464	29,149
July to December ...	361	24,190

This difference is most obvious among the male patients, the incidence in the first half of the year having been 37 per cent. higher than in the second half. The adverse effect of winter conditions with longer periods spent indoors appears to be indicated in this more frequent discovery of phthisis among patients at the end of the winter than at the end of the summer.

Other Considerations affecting Incidence of Tuberculosis.—Some striking differences in the incidence and death rates of this disease are also seen in several county groups of hospitals. This has been a widening difference during the last four or five years:

Areas.	Number of Hospitals.	Per 1,000 patients resident.	
		Incidence of fresh cases.	Deaths.
Birmingham	2	3.9	3.5
London, City and County ...	11	4.1	2.5
Yorkshire	8	4.1	4.5
Lancashire	5	9.1	7.7
Staffordshire	3	20.8	13.5
Mean of all County and Borough Mental Hospitals	98	8.0	6.2

Similar variations are not observed in the notifications or death rates of the general population in these areas.

The following table shows the highest incidence of new cases in individual hospitals:—

Mental Hospitals.	Rate per 1,000.	Actual Cases.
Cheddleton	26.5	30
Burntwood	24.7	23
Chester	23.0	36
Northumberland	20.9	16
Canterbury (only 242 beds)...	20.7	5

The lowest incidence is reported from Newport and Scalebor Park with no fresh cases, and Brecon, Ewell Colony, Exeter and Ipswich with one case each; six hospitals report only two cases each, and four report three each.

Of the 24 County Borough Hospitals, 11 are amongst the hospitals having a very low incidence, not including London County, which group also represents an entirely urban population.

The returns in many instances vary considerably from year to year; ten hospitals, for instance, show an average increase of 7.5 per 1,000 in the incidence of fresh cases, while 18 others show a decrease of the same rate.

For various reasons, partly connected with the well-known difficulties in the diagnosis of pulmonary tuberculosis in some cases of mental disorder, it is not possible yet to feel sure how far the notifications of fresh cases represent the full extent of tuberculosis in the County and Borough mental hospitals. The doubt is the greater, for instance, in those hospitals where the number of notifications but little exceeds the number of deaths from the disease; otherwise expressed, a rise in the proportion of notifications to deaths may represent not an increased incidence but better diagnostic facilities, and perhaps a more vigorous ascertainment. These facts by no means nullify the value of these; it is certainly salutary to keep a watch on them, especially in their relation to the deaths from tuberculosis. It is, however, from the latter that deductions as to the incidence of the disease can, for the present, be more safely made.

Enteric Fever.

The number of cases notified among patients was 219 (50 males and 169 females), of which 75 proved fatal (25 male and 50 female). This incidence was 82 (13 and 69) in excess of the number in 1927, and the deaths greater by 47.

Among the staff there were five males and twelve females affected; two of the latter died. This total of seventeen exceeds that of the previous year by ten.

The increase in this infection is not a widespread one, but is accounted for by outbreaks of 78 at Severalls, 14 at Burntwood, and 12 at Three Counties Mental Hospitals. At Severalls, a sharp outbreak of 24 among the men and 54 among the women was traced to a member of the staff employed in the central kitchen. At Burntwood, where the outbreak was preceded by one of dysentery, with its much shorter incubation period, there had been previously an excavation of old drains to improve the flow, which was followed by water contamination. At Three Counties, the outbreak was limited to a small group of men's wards; it appeared to have originated with "carriers" admitted from another institution and spread by personal contact.

In all, 39 hospitals reported cases of this infection, in 28 of which the disease was confined to the female section and in four to the male section. Twelve of the 39 hospitals had only one case each.

Search for "Carriers."—An additional reason for the increase in the notifications is to be found in the energetic search which is being conducted in some hospitals for "carriers" of the infection. Four examples may be cited:—

(a) At one hospital, two male patients who worked near the sewage effluent screen acquired enteric fever; a search among contacts was undertaken, 473 serum examinations being made, 26 of which proved positive: three of these patients further yielded the typhoid micro-organism in the stools.

(b) At a London hospital nearly 700 agglutination examinations yielded 10 to 15 per cent. positive reactions, mainly to bacillus typhosus

and to bac. paratyphosus B. The stools of the positive group of patients were each examined bacteriologically 6—12 times, with the result that a "carrier" was discovered who had been admitted in 1882.

(c) At a Yorkshire hospital, on the occurrence of a case of bowel infection, all the contact patients are sent to bed, their temperatures are observed and stools examined. On one such occasion three patients were found who gave a positive reaction for the disease, one of whom was excreting the organisms.

(d) Another Yorkshire hospital commenced an investigation into the spread of this disease in 1925. Recent results show that the serum of 21 men and of 79 women was positive where only one man and 16 women were previously known to belong to this potentially infective group. Some 2,481 examinations of excreta revealed seven "carriers" in addition to three already known. The case of one woman is particularly instructive. Following an attack of enteric fever in 1916, she was found to be excreting the bacilli for some months subsequently; but regular annual examinations failed to reveal the presence of them until September and October, 1927, when typhoid bacilli were found in 20 out of 25 specimens. No fresh cases of the disease have occurred in this hospital outside the ward in which old cases have been segregated.

A means of protection adopted in an increasing number of hospitals is the administration of T.A.B. vaccine; in some institutions its use is confined to the wards where former typhoid patients may be segregated, and the nurses are similarly protected. In other hospitals the view is taken that the administration of the vaccine obscures the search for "carriers" among contacts, and for this reason it is not utilized. It was by this means, however, that infection in a group of mental hospitals in Australia was reduced to comparatively minute proportions.

Incidence higher among females.—A table showing the comparatively higher incidence of enteric fever among women patients and women staff that among men is given on page 30, in which is seen also the contrast between the frequency of this disease and that of dysentery among the nurses. Comment has been made in previous years on this contrast in distribution; the possible epidemiological value of the observation calls for its repetition. The tables show that, in the quinquennium 1924-8, enteric fever has been more than five times as prevalent among female members of the staff as among the male staff, and that it is over three times as prevalent among female as among male patients, the proportion of male and female population being 44 per cent. and 56 per cent. respectively of the total population. While the greater prevalence of dysentery among women than among male patients is not much beyond the proportion of these respective populations, the female staff has in four years shown eight cases, while the male staff only shows a single case. The infectivity of these diseases for the staff is seen to be in the proportion of 9·5 per cent. of affected patients for enteric and 0·47 per cent. for dysentery.

Investigations into the "carrier" problem are carried out with considerable difficulty when the laboratory is not within the hospital estate; and examinations, which at first may be regarded as of only academic importance, but which later are

found to have a very practical clinical bearing, are less likely to be carried out when the material or specimen has to be conveyed to a more or less distant laboratory.

Dysentery.

The incidence and death rates of this disease and enteric fever for recent years are indicated in the following tables.

INCIDENCE.		Enteric Fever.					Dysentery.				
		Patients.		Staff.		Rate per 1,000 (patients only).	Patients.		Staff.		Rate per 1,000 (patients only).
		M.	F.	M.	F.		M.	F.	M.	F.	
1924	...	23	101	2	12	1.2	137	225	1	1	3.5
1925	...	28	96	2	17	1.2	115	138	—	—	2.4
1926	...	31	77	1	10	1.0	228	287	—	2	4.7
1927	...	37	100	1	6	1.2	128	179	—	4	2.8
1928	...	50	169	5	12	1.9	151	252	—	1	3.5
		169	543	11	57	1.3	759	1,081	1	8	3.4
DEATHS.											
		M.	F.	M.	F.		M.	F.	M.	F.	
1924	...	5	22	—	—	0.26	30	63	—	—	0.9
1925	...	8	24	—	3	0.30	20	39	—	—	0.6
1926	...	10	20	—	2	0.27	30	68	—	—	0.9
1927*	...	9	19	—	1	0.25	13	31	—	—	0.4
1928	...	25	50	—	2	0.66	24	50	—	—	0.6

The increase of 96 cases on the preceding year is partially accounted for by the occurrence of 175 cases in three hospitals, 88 at Burntwood, 53 at Brentwood, and 34 at Cheddleton. Three other hospitals had a total of 63 cases.

The outbreak at Burntwood has been previously referred to; the deaths numbered 22. At Brentwood the outbreak was almost entirely confined to two female wards; it was of a mild type and not more than three deaths resulted. It is considered that most of the cases at Cheddleton were attributable to the agency of "carriers"; there were six deaths.

Notifications were received from 40 mental hospitals, 21 of which reported three or fewer cases.

Severe Diarrhœa.

A slight increase is seen in the numbers returned under this heading, there having been 201 notifications during the year from 35 hospitals, 93 patients being men and 108 women. Of the 201 cases, 82 occurred in two hospitals—Whittingham and Burntwood.

* Previous to this year the deaths included those from both Primary and Secondary causes.

Influenza.

The incidence of this disease was 833 patients (296 males, 537 females). These figures show a great reduction as compared with the previous year, being scarcely one-fifth of their number. The case mortality during 1928 was heavier, however. There were 57 deaths (25 males, 32 females). No death occurred among the 172 members of the staff affected.

It is possible that the considerable fall in the incidence of influenza in 1928 is reflected in the diminished incidence of pulmonary tuberculosis.

REGISTERED HOSPITALS.

(Fourteen in number.)

There has been no change in the number of Registered Hospitals, which continue to be well administered and to provide skilled medical treatment as well as kind and efficient nursing and care. A list of these establishments will be found in Appendix G, in Part II.

Certified Patients.—The percentage of discharges (recovered, relieved and not improved) to the direct admissions during 1928 was 58·7 (males 54·4, females 61·4), and of recoveries alone 37·7 (males 31·9, females 41·3); the percentage of deaths to the daily average number resident was 9·7 (males 10·9, females 8·9).

Certified Patients.				Males.	Females.	Total.
Number on 1st January, 1928				811	1,264	2,075
		M.	F.	T.		
Admitted	...	213	349	562		
Discharged—						
Recovered	...	58	121	179		
Relieved	...	33	45	78		
Not improved	...	8	14	22		
By operation of law (lapsed Orders, &c.)		4	5	9		
Transferred to other insti- tutions for the insane or to single care	...	39	78	117		
Died	...	87	111	198		
Number on 1st January, 1929				795	1,239	2,034

Voluntary Boarders.—In addition to the above patients there have been admitted during the year 668 voluntary boarders, and on the 1st January, 1929, 428 remained in residence. The hospitals where the largest number of these patients were treated

were Royal Bethlem Hospital, Manchester Royal Hospital, and St. Andrew's Hospital, which absorbed between them 56 per cent. of the voluntary admissions into Registered Hospitals.

The number of certified patients in residence decreased by 41 during the year, while the voluntary boarders increased by 50.

Royal Bethlem Hospital.

Laying of Foundation-stone by His Royal Highness Prince Arthur of Connaught, K.G.—In the unavoidable absence of H.R.H. the Duke of Connaught, who had graciously consented to perform the ceremony, the foundation-stone of the new buildings—which, in order to meet the modern needs of this ancient foundation, are being erected on the Monks Orchard Estate at Addington, in Surrey—was laid on the 10th of July last year by H.R.H. Prince Arthur of Connaught. In our last annual Report (pages 23-4), some account was given of the proposals of the Governors and of the reasons and aims which have led them to abandon the site in Southwark on which the Hospital has stood since 1815. Because of our great admiration for the good work which the Hospital has done in the past—not only in treatment but also in the teaching and study of mental disorders—and because of our earnest desire to see this hospital's high prestige as a teaching centre maintained, we venture to reiterate our hope that means will be forthcoming to establish, as part of its work, a Treatment Centre (with beds) in London affiliated to the hospital of one of the medical Schools; and that, in the latter's Out-patient department, there may be a section for mental cases for whose treatment the skilled services of the Bethlem medical staff may still be available.

Wonford House, Exeter.—The only change among the Medical Superintendents of registered hospitals during the past year was at Wonford House, where Dr. W. B. Morton died on the 10th of January. He had been appointed Medical Superintendent of the hospital on the 24th of June, 1909, and had previously served as Assistant Medical Officer at Lancaster Mental Hospital and Wonford House, and Resident Medical Officer at Brislington House. Dr. Morton's services had always been highly appreciated by all connected with Wonford House, and his loss has been much felt. To succeed him the Managing Committee, after advertizing the post, appointed Dr. Herbert Wilfred Eddison (M.A., M.B. Cantab., D.P.M.). Dr. Eddison, besides some special neurological experience and some temporary service in the Royal Navy, had been previously in the London County Mental Hospitals' service at Long-Grove and Banstead Mental Hospitals.

NAVAL AND MILITARY HOSPITALS.

Royal Naval Hospital, Yarmouth.—The Commissioner who visited this hospital in August, 1928, reported that the Hospital was throughout in very good order, that the patients were

carefully and tactfully supervized and were evidently as happy and contented in their comfortable surroundings as the circumstances of their enforced detention would permit.

During the period under review one patient had died and one had been transferred to other care. These were the only changes; and, at the date of the visit, there were but 123 patients (officers 28, other ratings 95).

The general health of the hospital was and had been good; those in bed numbered nine, of whom three were suffering from general paralysis. It was again noted that the hospital's long record of complete freedom from bedsores remained unbroken.

Royal Military Hospital, Netley.—The member of our Board who visited the mental wards of this hospital in June, 1928, found them in excellent order and the patients in receipt of every proper care and attention.

An open-air verandah for the treatment of acute and other suitable cases had been erected since the last visit and was in daily use; bed-side tables had been provided for convalescent cases; and the ventilation of the padded-rooms had been improved.

There were 43 patients under treatment at the date of the visit, but there had been 171 admissions during the year 1927, amongst whom the recovery rate was a high one; four had been returned to duty and only 23 had required further treatment in mental hospitals.

STATE CRIMINAL ASYLUM, BROADMOOR.

The two Commissioners who paid the annual visit to this institution in July, 1928, reported very favourably upon its condition and upon the way in which the patients were treated.

A large number were usefully employed on the farm and grounds and in the shops, kitchen, sewing-room and blocks.

A successful flower show had recently been held in the grounds, which had been entirely organized and carried out by the patients.

Re-decoration and some improvements had been effected; and the construction of a solarium off the male infirmary and the installation of electric lighting on the female side were in progress.

The number of patients resident was 814, of whom 615 were men and 199 women.

LICENSED HOUSES.

(Fifty-four in number.)

On the 1st January, 1929, there were 19 Metropolitan Houses licensed by us and 35 Provincial Houses licensed by Justices for the reception of patients under the Lunacy Acts, the same number as a year previously.

Certified Patients.—The percentage of discharges (recovered, relieved and not improved) to the direct admissions during 1928 was 51·6 (males 43·2, females 55·9) and of recoveries alone 25·0

(males 18·0, females 28·5) ; the percentage of deaths to the daily average number resident was 9·6 (males 9·0, females 10·0).

The following table gives the numbers and distribution of the certified patients detained in these Houses on 1st January, 1929 :—

Certified Patients.					Males.	Females.	Total.
Number on 1st January, 1928—							
Metropolitan	...	...	...	...	364	695	1,059
Provincial	...	...	...	...	555	922	1,477
Admitted :—							
Metropolitan	...	...	...	...	160	377	537
Provincial	...	...	...	...	163	274	437
Discharged :—							
Recovered—							
Metropolitan	...	...	...	...	25	82	107
Provincial	...	...	...	...	25	76	101
Relieved—							
Metropolitan	...	...	...	...	29	75	104
Provincial	...	...	...	...	26	45	71
Not improved—							
Metropolitan	...	...	...	...	6	14	20
Provincial	...	...	...	...	9	18	27
By operation of law (lapsed Orders, &c.)—							
Metropolitan	...	...	...	...	3	6	9
Provincial	...	...	...	...	4	11	15
Transferred to other institutions for the insane or to single-care—							
Metropolitan	...	...	...	...	31	74	105
Provincial	...	...	...	...	27	61	88
Died—							
Metropolitan	...	...	...	...	50	86	136
Provincial	...	...	...	...	35	77	112
Number on 1st January, 1929—							
Metropolitan	...	...	...	...	380	735	1,115
Provincial	...	...	...	...	592	908	1,500

These figures show that the number of certified patients increased by 56 in Metropolitan Houses and by 23 in Provincial Houses during the year.

Voluntary Boarders.—In addition to the above patients there have been admitted during the year 757 voluntary boarders (312 in Metropolitan and 445 in Provincial Houses) ; thus of the total of 1,731 patients admitted into these Houses, 43·7 per cent. were voluntary admissions. On the 1st January, 1929, there were

resident 131 in Metropolitan and 208 in Provincial Houses—an increase during the year of 13 in the former and of 18 in the latter.

Variations in Licences.—The changes that have taken place in the licences of the Metropolitan and Provincial Houses are noted in the list of those Houses, which with their present licensees will be found in Appendix G. in Part II. Among them may be mentioned :—

1. *Brooke House.*—The name of Dr. Ernest E. Rollins (M.B. Dubl.) has been added to the licence, and he has become one of the resident licensees.

2. *Chiswick House.*—The name of Dr. W. J. Coyne (M.D., N.U.I., D.P.M.) has been substituted for that of Mrs. M. E. Tuke. The name of Tuke thus disappears from the licences of Metropolitan Houses, where it has been continuously since 1849.

3. *Northwoods.*—The names of Dr. Henry Joseph Cates (M.D. Lond.) and his wife were added to the licence, and Dr. Cates has taken Dr. Thomas's place as resident Medical Officer.

4. *Peckham House.*—The licence was varied to admit of the reception of five more male rate-aided patients, making in all 15 males and 25 females, from the County Borough of East Ham.

SINGLE-CARE.

The following table shows the changes that have occurred during the past year among the patients residing in single-care under the provisions of the Lunacy Acts, but exclusive of those who have been found insane by inquisition.

Certified Patients.				Males.	Females.	Total.
Number on 1st January, 1928				108	271	379
		M.	F.	T.		
Direct admissions	...	8	17	25		
Admitted on transfer	...	21	86	107		
Discharged :—						
Recovered	...	8	12	20		
Relieved	...	4	14	18		
Not improved	...	2	2	4		
Transferred to other single-care or to institutions for the insane	...	23	64	87		
Died	...	3	19	22		
Number on 1st January, 1929				97	263	360

These figures show that there was a decrease of 19 in the number of single-care patients during the year. As compared with the previous year, there was an increase of 15 in the number of admissions, of 3 in the number of discharges, excluding transfers, and of 3 in the number of deaths.

We are able to report, as a result of our visits to these patients—to some of whom a second visit has been paid—that the arrangements for their care and treatment were generally satisfactory.

THE CERTIFIED INSANE IN POOR LAW INSTITUTIONS.*

The subjoined table shows the distribution of patients who are certified under the Lunacy Acts and who were detained in Poor Law Institutions on 1st January, 1929 :—

		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
In Metropolitan District Asylums	—	2,118	2,490	4,608
In other Poor Law Institutions—	—	4,666	6,513	11,179
Total — — —	—	6,784	9,003	15,787

It is to be observed that these figures relate only to persons certified under the Lunacy Acts, and by no means represent the total number of mental cases in these institutions.

During the year, with the consent of the Minister of Health and our Board, and subject to Regulations prescribed by them respectively, an Agreement has been entered into and signed by the Guardians of the Risbridge Union and the Visiting Committee of the East and West Suffolk District Mental Hospital (St. Audry's Hospital), whereby the Guardians agree, amongst other things, to take a number of harmless selected patients (34 of each sex) from St. Audry's Hospital into their Poor Law Institution at Kedington. The Agreement and Regulations provide for the proper maintenance, housing, clothing, feeding, medical and nursing care of the patients and other necessary matters.

Only one other such agreement has been entered into in recent years, and in view of the congested state of many of the mental hospitals in England and Wales, we think it well once more to draw attention to the useful section (26) of the Lunacy Act under which the above arrangement has been made.

SUICIDES AND OTHER FATAL CASUALTIES.

The following table shows the number of patients and voluntary boarders who died during 1928 as the result of a suicidal act.

* The number of mental defectives in these institutions will be found on p. 83.

				County and Borough Mental Hospitals.	Registered Hospitals.	Licensed Houses.
<i>Certified Patients.</i>						
Number who committed the act whilst in residence				28	2	4
Of whom were—						
(a) Not considered to be actively suicidal				23	—	4
(b) Considered to be actively suicidal				5	2	—
Number who committed the act before admission				5	—	1
Number who committed the act after escape				3	—	—
Number who committed the act whilst on leave or trial				12	1	1
Total				48	3	6
<i>Voluntary Boarders.</i>						
Number who committed the act whilst in residence				2	1	—
Number who committed the act before admission				—	—	—
Number who committed the act whilst absent without leave				2	1	1
Total				4	2	1
Total of certified patients and voluntary boarders				52	5	7

The number of suicides in 1928, though less by 5 than in the previous year, was still comparatively high; but, of the total of 64 deaths, only 7 were of patients who were known to be actively suicidal at the time the act was committed, while 14 had been considered to be so trustworthy that they had been allowed to go out on leave or trial, and 10 others had been given greater or less freedom on parole whilst still residing in the mental hospital. In 6 cases the act had been committed before admission.

In our last Report attention was called to the great benefit gained by the large number of patients who are given parole either within or beyond the hospital estates, and by those whose

recovery is so much assisted by the granting of leave or trial to test their fitness for full discharge.

It may, however, be advisable again to draw the attention of Medical Superintendents to the advantage of giving advice to the friends of those about to go on trial and to the patients themselves, more especially with a view to persuading them to seek skilled advice immediately in the event of any untoward symptoms manifesting themselves. This advice can be obtained in Out-patient centres for mental disorders situated in the General Hospitals of the district or attached to the mental hospital itself, where such centres exist; failing them, advice should be freely sought from the Medical Superintendent of the mental hospital, or if this is impracticable, from a local practitioner.

In any case, wherever the advice is obtained, the friends should communicate with the Medical Superintendent telling him all the circumstances of the case. In one reported case of suicide during trial, had the patient visited an Out-patient centre at the local Royal Infirmary as is usually done by patients on trial from this mental hospital, it was thought that the fatality would have been avoided.

Again, it should be noted that in County and Borough Mental Hospitals, 13 of the suicides took place in single rooms, lavatories or other small rooms attached to the wards, showing once more that these are the danger zones which need a watchful eye to be kept on them.

Only one case is reported this year where a patient has thrown himself under a motor car on the road.

Poisoning by lysol was the cause of 5 of the suicidal deaths; but in only one case, to which attention is drawn below, was the lysol obtained in the hospital; in three of the others whilst the patient was at home, and in the remaining case whilst the patient was out on parole. This form of poisoning appears to be becoming more popular and the greatest care must always be taken with regard to its use and that of other disinfectants in the wards.

The following are a few notes on cases of some interest.

Death from lysol poisoning.—Springfield Mental Hospital. The death of a female patient, E. M., aged 52, a melancholic and determined suicide, from lysol poisoning, was the subject of an enquiry by the Coroner on May 4th, when a verdict of "suicide while of unsound mind" was returned and the Jury added the following rider: "The Jury feel that there has been some laxity at the hospital in that they feel satisfied that the lysol was obtained in the hospital." In consequence of this verdict and of certain unsatisfactory features disclosed, a further enquiry on oath was held by two members of our Board on May 21st and June 4th, when, after inspecting the ward where the suicide took place, the Commissioners examined all the witnesses who might be able to throw any light on the occurrence. The evidence elicited the fact that there were medicine cupboards both in the clinical room attached to the ward and in a short gallery

off the ward, poisons being kept in the latter; but the testimony was conflicting as to whether the short gallery was locked on the morning of May 1st, about the time when the patient poisoned herself.

The Commissioners came to the conclusions that :—

(1) They were unable to say how or when the patient obtained the lysol.

(2) The patient had had a bottle of lysol some time previously in her possession.

(3) The lysol which caused the death was obtained from this bottle or from another bottle supplied to the ward, and

(4) There had been negligence in the keeping of poisons and that the Commissioners' suggestions, made on at least two occasions, that poisons should be kept under double lock, had not been carried out.

They recommended that :—

(1) Inner cupboards with locks and keys be supplied to all medicine cupboards where poisons are kept.

(2) A more systematic search be made of the beds and clothing of suicidal patients, especially when a suicidal patient is allowed to make her own bed, and

(3) A more careful and complete record be kept of poison bottles, and particularly of their return to the dispensary, so that the dispenser may at any time be able to say that a particular ward is still responsible or not, as the case may be, for a bottle containing, or which has contained, poison, and which has been previously issued to the ward.

They were glad to learn that the issue of pure lysol had been discontinued, and that it is now issued diluted 1 in 20.

A distinct point of interest in this case to Medical Superintendents is contained in the last recommendation made by the Commissioners, and it is to be hoped that consideration will be given at all hospitals as to the best method of carrying it out.

Self-inflicted wounds.—The Maudsley Hospital. On June 15th the Coroner held an enquiry into the death of A. M., a voluntary boarder, aged 34, who died as the result of wounds self-inflicted with fragments of a glass funnel, and returned a verdict of "suicide whilst of unsound mind"—the Jury adding a rider to the effect that they were quite satisfied that all proper precautions for the care and safety of the patient had been taken by the authorities at the hospital.

The facts of the case appear to be that the patient inflicted the wounds in a water-closet which opened off an outer lavatory in which were kept certain bottles for specimens of urine, with a glass funnel in the neck of one of them. The patient was not considered to be suicidal, but, in disagreement with the Jury's finding, the Board considered that glass instruments such as test tubes, funnels, etc., when they are kept in those parts of the hospital which are frequented by patients, should be under lock and key.

Strangulation under bed in single room.—Somewhat extraordinary circumstances accompanied the suicide of F. M. W., a female patient, aged 50 years, at Napsbury Mental Hospital.

This patient was last seen by the nursing staff at about 9 a.m. in the ward sitting-room, but was not missed until noon when, though search was made for her, she could not be found. She remained missing until evening when a patient going to bed in a single room discovered her under the bed, strangled by means of a piece of tape tied to the bed.

The single room in which the patient was found was locked up about 9.15 a.m. and was not opened again, even when the patient was found to be missing, until a nurse entered it shortly before the patients went to bed. As the patient was completely hidden by the bed, this nurse discovered nothing wrong.

This case is quoted to show the need for great care in searching for missing patients, as it is obvious that in this case all single rooms, whether locked or not, should have been examined when the patient was missed, even though at that time it would have been too late to save her life.

The Medical Superintendent considered that the charge nurse had been negligent in her duties and suspended her forthwith, and she was subsequently dismissed by the Committee.

Strangulation by braces.—In giving an account of the suicide of L. L., a male patient aged 36 years, at Prestwich Mental Hospital, the Deputy Medical Superintendent relates the following curious circumstances.

The precise manner in which the patient effected suicide by strangulation is not certain, but it is thought that he crossed his brace, which was of webbing, once round his neck, and pulled the ends of it with each hand until unconsciousness and asphyxia supervened. Then with the ensuing relaxation of the muscles the brace would be pulled over to the right side (the right hand having a stronger pull) and automatically released when the muscles ceased contracting. The brace was found behind the patient on the w.c. seat on which he was sitting and on the right side.

The following are a few notes concerning deaths associated with accident or injury which it is thought may be of interest :—

Death from general paralysis with fractured ribs.—In this case a male patient, C. S., aged 53, was admitted to the Nottingham County Mental Hospital on March 30th, and died on May 21st from general paralysis of the insane. On admission the patient was too excited and too resistive for a detailed examination to be made, but it was noted that there were numerous bruises on the body. During life the patient never complained of any pain in the chest, but at the post-mortem examination it was found that there were fractures of the 6th and 7th ribs on the left side and of the 7th, 8th and 9th on the right side. All the fractures were firmly united by fibrous union.

An inquest was held by the Coroner and the verdict returned that the patient died from exhaustion from mania and general paralysis of the insane. In view of the fact that no explanation was forthcoming as to how the fractures were sustained, our Board decided that a sworn enquiry by Commissioners should be held into all the circumstances on the spot, and this enquiry took place on June 19th and 20th, when evidence on oath was taken from 27 witnesses including the certifying medical practitioner, the police, the relieving officer, the patient's relatives, other members of the public who knew the patient and the medical and nursing staff of the mental hospital.

During the course of the enquiry evidence was given that struggles had taken place with the patient on four occasions, the first when he was arrested by the police before admission, and the other three during his residence at the mental hospital, but the Commissioners came to the conclusion that in none of these was more force used than was necessary to control the patient, who, at times, was violent, resistive and very difficult to manage.

The medical evidence given by the acting Medical Superintendent and the Medical Officer in charge of the case was to the effect that the ribs had been fractured for about two months; and, though they could not be certain of the exact time of the fractures, they were certain that they were not of recent origin. They formed this opinion because the fibrous tissue was firm and fully organized and the ribs were firmly united by this fibrous union.

They agreed that the fractures were in all probability caused at the same time and that they were probably due to pressure on the chest and not to blows.

In this connection important evidence was given that, some two months before admission, a "float" which the patient was repairing had fallen on him, and that he had afterwards complained of there being something wrong with his ribs and of pain in his side.

The Commissioners were satisfied that the physical examinations carried out at the mental hospital (there was none before the patient's admission) were as thorough as were possible in view of the patient's mental condition, and that, had there been five ununited fractures, they must have been discovered.

They could not express a decided opinion as to the actual date of the fractures; but, even if they were brought about as the result of one or other of the struggles mentioned, they were satisfied on the evidence that no undue violence was used.

The enquiry, though giving no decisive result, proved useful in other ways and has led, we hope, to an improvement in the method of keeping the clinical records at the mental hospital.

Deaths from scalding.—Attention may be drawn to the deaths of three female patients from scalds, in one case received in the laundry and in the other two in the wards.

(1) I. S., a female laundry worker at Lancaster Mental Hospital, aged 46, sustained severe scalds from feet to the middle of the thighs as the result of standing in a boiler which contained two feet of boiling water. The patient was not allowed in the wash-house which contained the boiler, and had been ordered out by the maid working there. There was no evidence as to how the patient, when the maid's back was turned, got into the boiler, the top of which was three feet from the floor, though there appears to be little doubt that she did so intentionally.

The verdict was death from shock and toxæmia following scalds accidentally received, the Jury apparently considering the act to be an insane one and therefore not wilful.

(2) D. W., a female idiot child, aged 6, was about to be bathed at the Sunderland Mental Hospital by a nurse assisted by a female patient, when the nurse, who had undressed the child and had placed the bath key in position, heard a patient shrieking in the ward and hurried away to see what was the matter. In her absence the working patient turned on the water and placed the child in the bath, where she received severe scalds. The nurse was subsequently dismissed.

(3) K. R., a female idiot child, aged 10, at Cheddleton Mental Hospital, was severely scalded through the ill-directed, but well meant, efforts of a higher-grade imbecile.

The facts were that a nurse had drawn hot water from a tap into an enamelled bowl standing in the housemaids' sink, in order to clean various utensils. The higher grade patient and the idiot were both in the adjoining w.c.s and during the temporary absence of the nurse, who had gone to quieten the other children in the dormitory, the elder patient placed the younger in the bowl and laved water over her shoulders, the scalds resulting.

The Jury exonerated the nurse from blame, but added a rider that in their opinion the temperature of the water in the wards should be reduced.

Yew poisoning.—Another case of poisoning from eating leaves of plants growing in the ward gardens was reported from the Banstead Mental Hospital in September.

In this instance there had been for years five yew bushes growing in a ward garden, and up to the date of this occurrence with no suggestion of danger to the patients. However, a female patient, E. G. R., aged 38, ate some of the leaves, and the analyst's evidence after her death showed that at least 10 grammes of yew leaves had been taken and that the inference was that this had caused or accelerated her death. The yew bushes have been removed.

II. MENTAL DEFICIENCY.

1. THE LOCAL GOVERNMENT ACT, 1929.

Since the publication of our last annual Report an event has taken place which cannot fail to have important results affecting the care and protection of the Mentally Defective and facilitating measures which the nation can take to provide for them. We refer to the passing of the Local Government Act. In a general circular issued by the Minister of Health dealing with this great measure for the reform of Local Government, the following passage occurs:—

“It is evident that an Act of this kind cannot be judged merely by reference to the actual changes which it introduces into the administrative and financial arrangements of local authorities or their relations with the central Government. Behind such matters as these lies the question of the spirit in which the Act is administered, and the extent to which use is made of the opportunities provided by it for the development of sound local government and finance, and particularly of the public provision for safeguarding and improving the health of the people.

Mr. Chamberlain feels that there are here possibilities, for the complete realisation of which, not of necessity at once, but by steady and gradual advance, a sustained co-operative effort of local authorities, their officers, and the general public will be needed, and will, he does not doubt, be made available in the fullest measure.”

It is in the spirit indicated in the above passage that we wish to examine the provisions of the Local Government Act as they affect the mental health of the people, and to show that this new statute opens up greater possibilities than have ever yet existed of rendering efficient aid to a helpless section of the community, of alleviating the lives of the individuals concerned, and of taking steps which we may confidently hope will check the increase of mental deficiency.

In passing, it is interesting to note that the publication of the report of the Mental Deficiency Committee—a joint committee of the Board of Education and Board of Control—now known as the Wood Committee, including as it does a report on an investigation into the Incidence of Mental Deficiency, has given the Local Authorities a fuller and more accurate knowledge of the extent of the burden with which they are called upon to deal. This report, coming at the moment when the Local Government Act has increased both their powers and responsibilities, should prove most useful to them in formulating their schemes for further action. We shall refer to this again later on.

The chief alterations in the law made by the Local Government Act as they affect Mental Deficiency are briefly as follows:

Section 1 of the Local Government Act transfers the functions of the Poor Law Authorities to the County and County Borough Councils. This transfer of functions includes all the powers and duties of the Guardians with regard to destitute mentally defec-

tive persons. This section therefore ensures that all mental defectives needing public care, assistance and protection will now be dealt with under one Local Authority, through the following Committees:—

1. *Local Education Committees.**

Responsible for the education of all feeble-minded children between the ages of 7 and 16.

2. *Mental Deficiency Committees.*

Responsible for all idiot and imbecile children and all mentally defective adults “subject to be dealt with.”

3. *Public Assistance Committees.*

Responsible for destitute mental defectives.

4. *The Mental Hospital (Asylums) Committees.*

Responsible for mental defectives certified under the Lunacy Acts.

Section 4 makes it obligatory on each Council to submit to the Minister a scheme of the administrative arrangements they propose to make for discharging the functions transferred to them by section 1.

Section 5 enacts that a Council, in preparing an administrative scheme, shall have regard to the desirability of securing that, as soon as circumstances permit, all assistance that can lawfully be provided for defectives otherwise than by way of poor law relief shall be provided exclusively under the Mental Deficiency Acts, 1913-1927.

The effect of a “declaration” made under this section would be that any assistance which could, after the appointed day, be provided either by way of poor relief or under the provisions of the Mental Deficiency Acts, shall be provided exclusively by virtue of the latter Acts.

Section 6 (3) enables Councils to delegate all or any of the Poor Law functions transferred to the Councils, except the power of raising a rate or borrowing money, to the Public Assistance Committees, and the scheme may also provide for the discharge of any of the functions delegated to them by any of the other Committees of the Council. This provision is applicable to the assistance of mental defectives where no declaration has been made.

Section 14 (4) repeals the following part of proviso (ii) of Section 30 of the Mental Deficiency Act, 1913:—

“ nor shall local authorities under this Act have any duties with respect to defectives who for the time being are being provided for by such authorities as aforesaid, except to such extent as may be prescribed by regulations made by the Secretary of State with the concurrence of the Local Government Board.”

* In this Section of our Report reference to defectives does not include feeble-minded children between the ages of 7 and 16 who are provided for by the Local Education Authorities.

By this repeal it has now become the duty of the Mental Deficiency Committees to carry out the statutory duties imposed on them by section 30 of the Mental Deficiency Act, 1913, with regard to defectives hitherto provided for under the Poor Law who are "subject to be dealt with," whether or no they are in receipt of any form of poor relief. The Mental Deficiency Committees must henceforth take steps to ascertain them, place them under supervision or guardianship, or send them to institutions, according to their needs.

Section 53 (2).—County Councils have generally had no power of using an institution acquired for one statutory purpose for the purposes of some other Act or series of Acts. This section now confers such a power on them (subject to the approval of the Minister), and should be of great assistance in improving the institutional provision for mental defectives in Counties in which it is possible to appropriate one or more poor law institutions for this purpose. It may in other cases be possible and desirable to appropriate such a poor law institution for the purposes of the Lunacy Acts. Similar powers are available to County Borough Councils under section 95 of the Public Health Acts Amendment Act, 1907.

Sections 85 and 86 substitute a block grant for the 50 per cent. grant payable to the Councils under the Mental Deficiency Act, 1913, and proviso (i) of section 30 and section 47 of that Act are therefore repealed.

It is still, therefore, the duty of the Councils to provide for defectives under section 30 of the Mental Deficiency Act, and this duty is no longer conditional on the receipt of a percentage grant.

Section 102 (2) directs that the Minister shall make a scheme providing for the payment of contributions by Councils to Voluntary Associations which undertake the duty of assisting or supervising defectives whilst not in institutions.

This section is in substitution of section 48 of the Mental Deficiency Act, 1913, which is now repealed.

Section 104 gives the Minister power to reduce the grant under certain conditions if he is satisfied that the Council have failed to maintain a reasonable standard of efficiency and progress in the Public Health services. These services include Lunacy and Mental Deficiency (*see definitions, sec. 134*).

Under Section 106 the payment of the grants to the Voluntary Associations may be made by the Minister and the amount deducted from each Council's General Exchequer Grant.

Section 113 transfers to the Council all property (including institutions) belonging to Poor Law Authorities, and they will therefore be able, subject to the approval of the Board of Control, to allot certain suitable Poor Law Institutions for the use of mental defectives, and by so doing they may facilitate the

Transfer of the care of defectives to the Mental Deficiency Committees.

Section 127 makes it the duty of any Poor Law Authority and any District Council to furnish the Council with any information which may reasonably be required.

The main and fundamental alteration is the transfer of the functions of the Poor Law Guardians to the Councils. This, coupled with the repeal of the latter half of proviso (ii) of section 30 of the Mental Deficiency Act, 1913, brings the responsibility for the care and control of all mentally defective persons under one Local Authority, i.e., the County or County Borough Council. It is worth observing that this enactment goes far to carry out the recommendations of the Royal Commissions on the Care of the Feeble-minded and on the Poor Law and of other advisory Committees who have subsequently considered the question. It will undoubtedly have far-reaching consequences. Each Local Authority is now in a position to find out the numbers, classes and requirements of all defectives within its area, without excluding those who have hitherto been dealt with under the Poor Law. The result of the shortage of accommodation specifically designed for mental defectives is clearly shown in the report of the Wood Committee, from which it is seen that as far as institutional provision is concerned far greater numbers have been dealt with under the Poor Law than under the Mental Deficiency Act. The disadvantages of Poor Law provision were that the area, and consequently the numbers, with which each Board of Guardians had to deal, were as a rule too small to secure proper classification, training and treatment. Most defectives have had to be accommodated in Poor Law Institutions, where the population necessarily includes all ages and types, and where the facilities for training and employment are inadequate or absent.

Admirable as in a few districts has been the work of combinations of Boards of Guardians in establishing colonies for defectives, they have always laboured under one great disadvantage: since Parliament, when passing the Mental Deficiency Act, 1913, did not endow Boards of Guardians with any powers of detention. They could maintain defectives in institutions, but they could not obtain orders under the Mental Deficiency Act for their detention; in consequence, many defectives, who both in their own interests and in the interest of the community, should have remained in institutions, have taken their discharge or have been withdrawn by their relatives. By the repeal of the latter part of proviso (ii) of section 30, it has now become the duty of the Local Authorities who *can* obtain the necessary orders for detention to do so in all cases where detention is necessary. It should be remembered that an order under the Mental Deficiency Act for the defective's reception in an approved institution not only secures detention, but it secures protection against unnecessary detention by bringing into action the system of periodical re-examination of defectives for the purpose of continuation orders.

Although the changes in the law referred to above have brought all defectives needing public care and control under one Local Authority, namely, the County or County Borough Council, it is still the fact that they may be dealt with under four different Committees of the Council.

The position of feeble-minded children who come within the purview of the Education Committees need not be discussed here; they are dealt with as needing special education, which can be satisfactorily included in the general provision for the nation's education. The facilities offered for adequate and economic treatment of defectives by the three remaining Committees must, however, be considered.

A large number of mental defectives are at present dealt with under the Lunacy Acts, and the provision for them is made by the Visiting (Mental Hospitals) Committees. They are taking up valuable accommodation in mental hospitals which is urgently needed for the insane. But if accommodation can be provided for them in Certified Institutions, the provisions of section 16 of the Mental Deficiency Act are comprehensive enough to allow of their transfer to these institutions where their particular needs could receive more appropriate treatment. It is estimated by the Wood Committee that there are some 15,000 mentally defective cases who could advantageously be transferred to Certified Institutions under the Mental Deficiency Acts.

The two remaining Committees are the Public Assistance Committee and the Statutory Committee for the Care of Mental Defectives, and we wish to direct the attention of the Councils to the advisability of bringing all provision they make for defectives under one of these, namely, the Mental Deficiency Committee.

In the first instance the Local Authority will complete its ascertainment of defectives in the County. It will find that a number of children in receipt of Poor Law relief and a number for whom the Mental Deficiency Committee is responsible are trainable, and need a certain kind of provision, while others are untrainable and need simpler provision; among the adults some will be employable, others unemployable. Hitherto these different classes have been dealt with not in accordance with their mental condition and their consequent needs, but by the accident of their destitution or otherwise. Thus, trainable and employable defectives will be found in institutions where there is little training and employment, and the untrainable and unemployable in institutions where they can make no use of the training and employment provided. At the same time the Council will review the institutional accommodation transferred to it and will consider how far that accommodation can be appropriated under section 53, or, in the case of a County Borough, under the Public Health Acts Amendment Act, 1907, for the purposes of the Mental Deficiency Acts, with the approval of the Board of Control and of the Minister.

Where, by making appropriations of this kind in supplementation of the accommodation already available to the Council, institutional treatment can be provided for the full number of mental defectives requiring it in the County or County Borough, the Council will no doubt wish to make a declaration under section 5 and, though the enquiries which have to be made must occupy some little time, such a declaration relating to the institutional treatment of defectives could be made in an amending administrative scheme which would be submitted for approval at a very early date. A similar declaration can more readily be made if the Council desire that the domiciliary assistance of mentally defective persons shall be undertaken by the Mental Deficiency Committee, and, in such a case, it may be well to consider, where a mentally deficient person is the head of a family, whether his dependants should also receive any public assistance which may be required from the Mental Deficiency Committee acting under the direction and control of the Public Assistance Committee. While it is of importance that the Mental Deficiency Committee should have full cognisance of all cases of mental deficiency, it is undesirable that two Committees should be regularly concerned with the grant of public assistance to one family, and therefore it may be better, where there are probably needs for assistance other than those of the defective himself and the defective is not the head of a family, to leave the administration of public assistance in the hands of the Public Assistance Committee.

A substantial improvement in the conditions generally will result from the fact that all the cases will pass through the hands of the Council's staff instead of being dealt with by two independent staffs, as has in the past been the case.

An aid to better classification in the future may be found in the possibility that some of the Councils may be able to appropriate suitable Poor Law Institutions for the accommodation of certain groups of the mental defectives who have hitherto been scattered throughout the various institutions in the area.

When this consideration arises it will be necessary to examine carefully the present population of the Poor Law Institutions in each area with a view to ascertaining the numbers who are mentally defective and in need of special care and training and treatment. It is well known that the Poor Law Institutions contain many such cases who have hitherto been treated as destitute persons, but whose mental defect is the fundamental cause of their destitution. These should be carefully classified into trainable and untrainable, employable and unemployable, and it is important that this classification should be made by someone who has had experience in the training and employment of defectives, otherwise there is grave danger of wrong classification.

When this has been carried out, a Local Authority will be in a position to determine the classes that could most appropriately be dealt with in the Poor Law Institutions which have been set aside for defectives, and which have been found suitable for this purpose. The figures given in the Wood report make it highly probable that the amount of transferred accommodation available in general will be insufficient for the numbers needing institutional care. Local Authorities will, therefore, no doubt desire to use Poor Law accommodation for the classes of defectives who will not suffer from the restricted opportunities and facilities they offer. We are convinced that the older type of Poor Law Institution, and those where facilities for out-door work and recreation are lacking, should be used only for the untrainable and unemployable classes. In any local discussions on the best use to which to put existing buildings the necessities of the Visiting Committees of mental hospitals should also be given full consideration. It is within our knowledge that there are many patients in the mental hospitals who could be suitably transferred to vacated institutions at present used for Poor Law purposes, provided an adequate trained staff is supplied; and, in view of the serious lack of mental hospital accommodation these transfers would prove a material economy to the Councils.

A still further concentration in administering the mental health services could be attained by taking advantage of sections 28 or 66 of the Mental Deficiency Act, 1913, under which one Committee can be constituted for the purposes of both the Lunacy and the Mental Deficiency Acts. The use of this section, together with section 5 or 6 of the Local Government Act, would ensure that all persons needing public provision on account of mental disorder or defect, should be dealt with under one Committee of the Council.

The importance of this concentration cannot be over-estimated. Mental defect and mental disorder are so closely inter-related, medically, socially and administratively, that no comprehensive attempt to provide for the scientific understanding and treatment of the one can be undertaken without reference to the other.

Once again we desire to point out that the provisions of the Local Government Act give a great opportunity for the better classification both of the existing institutions in any one district and of the patients who will occupy them. We feel confident that the Local Authorities will make a wise and enlightened use of these provisions in forming their schemes under the Local Government Act.

2. THE INCIDENCE OF MENTAL DEFECT.

We come now to another important event concerning mental deficiency which we referred to above; namely, the publication

of the Wood Committee's report. Parts I. and II. of the report, which contain the general introduction and the section relating to children, have already been published, but Part III., which deals with adult defectives, will not be in the hands of the Local Authorities in time to be discussed in this Report. We therefore think it advisable to postpone our discussion of the Wood report until there has been time to study it as a whole, because the problem presented by the whole group of the mentally defective is one and indivisible. For this reason we shall this year comment only on Part IV. of the report, which has been published with Parts I. and II. This part gives an account of the special investigation into the incidence of mental defect. We take this early opportunity of drawing attention to the material factors revealed by this investigation, as we believe that all Local Authorities should take these into consideration when formulating their schemes under the Local Government Act.

The investigation was carried out by Dr. E. O. Lewis, one of our medical Inspectors, under the direction of a Committee appointed by Sir George Newman, of which Mr. A. H. Wood was Chairman. The Wood Committee was primarily appointed to investigate the incidence of mental deficiency among children of school age, but, with the concurrence of our Board, the investigation was extended to include adult defectives. Six areas, three urban and three rural, each with approximately a population of 100,000, were investigated: these areas and their populations were fairly representative of the whole country in respect of their geographical, social and occupational features. Moreover, the available returns from the Local Authorities of these areas relating to mental deficiency and insanity indicate that they can be regarded as typical of the whole of England and Wales. Therefore, from the numbers of mental defectives found in these areas, reliable estimates could be made of the numbers of defectives of various categories in the whole country.

(a) *Total Incidence*.—The incidence of mental defect based upon the numbers ascertained in the six areas is considerably higher than that indicated by previous inquiries in England and Wales. The mean incidence of mental defectives of all grades and all ages in the six areas was 8.56 per 1,000 population. This figure relates to a somewhat composite group, as it includes not only persons who are mentally defective within the meaning of the Mental Deficiency Acts, but also all children who could be certified as mentally defective under the Education Act. When various corrections and allowances are made, it is believed that a conservative estimate of the mean incidence of persons who are mentally defective within the meaning of the Mental Deficiency Acts is 8 per 1,000 population. On this basis the total number of mental defectives in the country would be approximately 314,000. The Committee, whilst recognizing that the higher incidence indicated by these results than those of previous investigations is

probably due in the main to more complete ascertainment, partly to somewhat different interpretation of standards, and partly to greater longevity of defectives consequent upon the growth of health services and improved hygienic conditions, nevertheless found it hard to believe that there has not been some increase in the incidence of mental deficiency. The above figures show that mental deficiency is a bigger problem than has been hitherto recognized and that, in spite of the manifest social, racial and economic dangers of leaving our mentally defective population uncared for and uncontrolled in the community, the nation is not giving the problem the attention it demands.

One feature of the findings of this investigation that bears intimately upon the question of increased incidence is the marked disparity of numbers in urban and rural areas. The mean incidence of mental defect in the three urban areas was 6·71 per 1,000 population, whereas in the three rural areas the corresponding figure was 10·49, i.e., about 56 per cent. higher. The findings of the investigators for the Royal Commission of 1904-1908 also showed that the incidence was higher in agricultural than industrial areas, but the disparity was not nearly so great. The investigator was of the opinion that the increase in the main has been due to selective hereditary factors resulting from the migration of better stock to the urban areas and the consequent concentration of the poorer stocks in rural areas. The higher incidence in rural than in urban areas has obviously important implications to the administrators of the social services which deal with the mentally defective.

The Local Mental Deficiency and Poor Law Authorities are concerned with mentally defective adults of all grades, whereas most of the children that come within their jurisdiction are those of the lower grades of imbecility and idiocy. On the basis of the figures for the six investigated areas, it is estimated that there are approximately 150,000 adult defectives (i.e., persons over 16 years of age) in England and Wales; that 105,000 of these live in urban areas and the remaining 45,000 in rural areas. On the same basis it is calculated that there are about 29,000 lower grade defective children (i.e., persons under 16 years of age) in the whole country, 21,000 living in urban and 8,000 in rural areas.* The numbers in these two groups of defectives make a total of about 180,000 in the whole country, which corresponds to a mean incidence of about 4·52 per 1,000 population.

The relative numbers of the three grades of defect—of feeble-mindedness**, imbecility and idiocy—are almost identical with those estimated from the data of the Royal Commission. The

* The Committee came to the conclusion that the investigators' data show clearly that this figure must be regarded as an under-estimate and that it is almost certain that there are at least 40,000 lower grade children in the whole country.

** The "morally defective" persons ascertained in this investigation were grouped for statistical purposes with the "feeble-minded."

earlier inquiry revealed that of every 100 aments, 6 would be idiots, 18 imbeciles, and 76 feeble-minded; and the recent investigation showed the corresponding proportions to be 5 idiots, 20 imbeciles and 75 feeble-minded. If the higher numbers ascertained in the recent inquiry were solely due to the more thorough ascertainment we should expect to find that the proportion of the higher grade defects, i.e., the feeble-minded, would have been increased, but the above figures indicate that the proportion of these, if anything, is slightly lower.

The incidence of certain grades of deficiency seems to be so much higher among males than females that it is a point of importance which must be borne in mind when estimating the residential accommodation required. The difference of sex incidence was much larger for lower grade defectives, i.e., imbecility and idiocy, than for feeble-mindedness. There were 30 per cent. more boys than girls among the lower grade defectives ascertained, and 33 per cent. more men than women. In the group of the feeble-minded, the number of boys was 17 per cent. higher than that of the girls, whereas the number of men was only 8 per cent. higher than that of the women.

(b) *Location of Defectives.*—The distribution of the mentally defective in the six investigated areas would also be of interest to administrators. Here we shall give only the figures relating to adults and lower grade defective children.

(i) *Adults.*—About 44 per cent. of the adult defectives at the time of the investigation were in some institution or other, and the remaining 56 per cent. were living in the general community. The largest single group of institution cases was that in Poor Law Institutions, comprizing about 22 per cent. of all the adult defectives. About 4·7 per cent. of the adult defectives were dealt with in Poor Law Institutions certified under section 37 of the Mental Deficiency Act, 5·6 per cent. were certified under section 24 of the Lunacy Acts, and the remaining 11·5 per cent. were not certified. The next largest group, including 14 per cent. of all ascertained adult defectives, was that in mental hospitals. It is estimated by the Wood Committee that there are about 21,600 mentally defective persons in all mental hospitals in England and Wales. This number is equivalent to about 18 per cent. of the total number of patients in these hospitals. Only about 6 per cent. of the adult defectives in investigated areas were in institutions more specially designed for the mentally defective under the Mental Deficiency Act, i.e., Certified Institutions, Certified Houses and Approved Homes.

(ii) *Lower Grade Children.*—About 27 per cent. of the total number of imbecile and idiot children of the six areas were in residential institutions. Only 8 per cent. had been sent to institutions specially allocated to the mentally defective; 5·5 per cent. were in section 37 Poor Law Institutions, and 5·3 per cent. uncertified in Poor Law Institutions. About 5 per cent. of this

group of lower grade children were in Residential schools for mentally defective children and maintained there by the Local Education Authorities.

The remaining 73 per cent. of this group were left in the general community. No less than 24 per cent. of these children attended the public elementary schools. It is obvious that children of such low mental grade cannot possibly derive much benefit at these schools, and most often they prove a hindrance to the work of the classes. About 6 per cent. of these lower grade children were attending Day Special schools for mentally defective children which had been established in two of the investigated areas, and about 2 per cent. attended private schools. No less than 41 per cent. of this whole group of lower grade children remained at home; and, with the exception of a negligible few who attended occupation centres a few half-days a week and a comparatively small number who belonged to families in which the parents could afford private nurses, the whole of this group could be said to receive no systematic training whatsoever.

(c) *Institutional Accommodation*.—The investigator classified the ascertained mental defectives into two main groups:—(i) Those requiring some form of institutional care, and (ii) those who could be left in the general community. He estimates on the basis of the figures of the investigated areas that no fewer than 84,000 adult defectives in England and Wales require institutional accommodation, but the majority of these are already in institutions. It is estimated that in addition there are about 14,500 lower grade children in need of institutional care, and therefore the total institutional accommodation needed is about 98,500, i.e., practically 100,000. This estimate the Wood Committee regards as a conservative one, and in support of this contention it is pointed out that about 78 per cent. of the adult defectives in investigated areas allocated to the category of those needing institutional care were at the time of the investigation already in some institution or other; and, further, that only about half of the lower grade children ascertained were allocated to institutions, which obviously is a low proportion, especially when the difficulty in many districts of organizing occupation centres or providing home training for these children is borne in mind.

It may be of interest at this stage to give some idea in round numbers of the present distribution of these adult defectives and lower grade children who are at present in institutions. It is estimated that the total number is about 70,000, about 20,000*** are in institutions and certified under the Mental Deficiency Acts, about another 20,000 are in Mental Hospitals, and 30,000 in ordinary Poor Law Institutions.

*** The total numbers of mental defectives in these institutions on January 1st, 1929, was 24,207; but a certain proportion of these would be children of the feeble-minded grade.

The investigator classified the defectives requiring institutional care on the basis of the type of institution best suited to their individual needs. Two separate classifications were made. The first assumed that all mental defectives (except children who come within the jurisdiction of the Local Education Authorities) would be dealt with by one authority, and the Local Government Act now makes this possible. The other classification was based upon the statutory powers and duties of the Local Mental Deficiency Authorities previous to the enactment of the Local Government Act; and all defectives who at the time of the investigation were within the jurisdiction of the Poor Law Authorities were excluded when making this classification. These two classifications will be referred to as (1) unified control and (2) partial control (i.e., control under the statutory conditions prevailing before the Local Government Act was passed) respectively.

The disparity between the numbers of defectives in urban and rural areas made a further sub-classification desirable. The following tables give the incidence, per 1,000 total population, of mental defectives allocated to each category.

It is of interest to note that we have always estimated that the institutional accommodation required under the statutory conditions that prevailed before the passing of the Local Government Act should be at the rate of one per 1,000 population. The incidence given in the following table for urban areas corresponds exactly with this; but our estimate in the past was too conservative for the country as a whole, because no allowance had been made for the higher incidence in rural areas.

For practical purposes the incidence given in this table will be better appreciated if we quote, from the investigator's report, tables that show the actual number of beds that will be required for mental defectives in an urban and rural area respectively, with a population of 500,000.

Estimate of Institutional Accommodation needed.
Incidence per 1,000 Population.

	¶ Partial Control.			Unified Control.		
	Urban.	Rural.	Mean for whole Country.	Urban.	Rural.	Mean for whole Country.
<i>Children.</i>						
(i) Trainable ...	0.27	0.31	0.38	0.31	0.34	0.32
(ii) Untrainable* ...	0.07	0.13	0.19	0.11	0.15	0.11
TOTAL ...	0.35†	0.44	0.37	0.43	0.48	0.44
<i>Adults.</i>						
(a) Younger :						
(i) Employable ...	0.41	0.74	0.48	0.74	1.06	0.80
(ii) Unemployable* ...	0.10	0.10	0.10	0.22	0.17	0.21
(b) Older‡						
TOTAL ...	0.51	0.85	0.58	0.96	1.23	1.01
... ...	0.14	0.28	0.17	0.79	1.49	0.93
TOTAL ADULTS ...	0.65	1.13	0.75	1.74	2.72	1.94
GRAND TOTAL ...	1.00	1.57	1.12	2.17	3.20	2.38

¶ Previous to the passing of the Local Government Act.

* Including cot and chair cases.

† The totals, as in this case, do not always correspond to the sum of the individual figures because the calculations have been made only to the second place of decimals.

‡ This group includes all adults over 30 years who would be suitable for simpler institutions such as Poor Law Institutions. The group is roughly divisible into two equal sub-groups—the employable and unemployable.

Number of Defective Adults and Lower Grade Defective Children requiring Institutional Accommodation in an Administrative Area with a total Population of 500,000.

	¶ Partial Control.						Unified Control.					
	Urban.			Rural.			Urban.			Rural.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
<i>Children.</i>												
(i) Trainable...	75	60	135	95	60	155	95	70	165	100	70	170
(ii) Untrainable*	25	15	40	40	25	65	35	20	55	45	25	70
TOTAL ...	100	75	175	135	85	220	130	90	220	145	95	240
<i>Adults.</i>												
(a) Younger :												
(i) Employable ...	105	100	205	145	230	375	175	190	365	220	310	530
(ii) Unemployable* ...	25	25	50	20	30	50	55	50	105	40	45	85
TOTAL ...	130	125	255	165	260	425	230	240	470	260	355	615
(b) Older† ...	40	30	70	55	85	140	200	195	395	340	405	745
TOTAL ADULTS ...	170	155	325	220	345	565	430	435	865	600	760	1,360
GRAND TOTAL ...	270	230	500	355	430	785	560	525	1,085	745	855	1,600

¶ Previous to the passing of the Local Government Act.
 * Including cot and chair cases.
 † This group includes all adults over 30 years who would be suitable for simpler Institutions such as Poor Law Institutions. The group is roughly divisible into two equal sub-groups — the employable and unemployable.

3. LACK OF ACCOMMODATION.

The number of mental defectives in Institutions and Homes, who were certified under the Mental Deficiency Act on January 1st, 1929, was 21,874. In addition, there were 2,333 defectives in Institutions and Homes, who were not certified under the Mental Deficiency Act, making a total of 24,207. A comparison of these numbers with the estimate based upon the findings of the recent investigation shows that there is a serious lack of institutional accommodation. Roughly speaking, even if it be possible under the Local Government Act to use all the beds in transferred institutions hitherto occupied by defectives, it is estimated there will still remain about 30,000 defectives for whom no accommodation is available. Moreover, the investigation revealed the fact that the large majority of the defectives in the Poor Law Institutions and Mental Hospitals were over 30 years of age, and that most of those at present in the general community—who, however, should be sent to institutions—are younger men and women and lower grade children: these are the groups that would profit greatly from colony training and care. At present the provision for these younger defectives is left in the main to the Local Mental Deficiency Authorities, and where these do not fulfil their duty these most important groups of defectives are neglected. These facts make it obvious that further colony accommodation, especially for the trainable and employable cases, must be provided. We urge Local Authorities not to delay the commencement of their task.

The redistribution of mental defectives already in institutions is also urgent, as well as the provision of new accommodation. Although 70,000, or 70 per cent. of the 100,000 defectives, are receiving some kind of institutional care, only 20,000 are dealt with under the Mental Deficiency Acts; therefore the care in the majority of cases may not be such as to safeguard the defective or the community.

No Local Authority has so far provided sufficient Colony accommodation to meet its own needs, and vacant beds in Certified Institutions provided by charitable bodies, and even in Poor Law Institutions approved under section 37 of the Mental Deficiency Act, are becoming increasingly hard to find. The more troublesome the case the more difficult it is to find a vacancy. Independent institutions who can select their cases and small private Homes are naturally inclined to avoid taking the feeble-minded criminal, the epileptic, the absconder, or the helpless idiot child, with the result that the very cases who most urgently need care are often left in Prisons, Poor Law Institutions, or under conditions outside where they cannot adequately be cared for and controlled.

The following facts show the increasing urgency of the need for institutional accommodation, and for purposes of comparison we give them in the same form as in last year's Report.

(a) During the last seven years the number of defectives of whom the Local Authorities have obtained knowledge has increased from 25,470 to 66,458. Many of these cases are reported to Local Authorities because they are in some kind of trouble necessitating their protection in institutions.

(b) During each of the last four years—1925-28—the Local Education Authorities have notified respectively under section 2 (1) (b) (v) 2,176, 2,353, 2,556, 2,765 defectives, making a total of 9,850. This shows a progressive increase and, as the Local Education Authorities become more alive to the necessity of further care and supervision for defectives after they leave school, and as their medical inspection becomes completed, this number will increase. Most of these are trainable children of 16 years of age or under, and have been notified as needing supervision, guardianship or institutional care.

(c) It is demonstrable (*see* p. 64) that most Local Authorities have not as yet completed their Ascertainment, while some have hardly begun this part of their duties. In spite of this, the January returns show that 1,806 cases are “awaiting removal to an institution.”

(d) The returns show that on the 1st January there were 261 defectives in “places of safety” (section 15).

We had hoped that this number would show a material decrease this year, and we regret that this is not so. We have pointed out to Local Authorities that the continued detention of defectives in “places of safety” is contrary to the intention of the Act, and in many cases injurious to the individuals concerned. We consider that Local Authorities who allow these cases to remain in “places of safety” for longer than the time necessary for obtaining a petition are not carrying out their statutory duties, and that the patients and their relatives have just cause for complaint.

(e) There is reason to believe that there has lately been a considerable increase in the number of mental defectives who have been certified as of unsound mind and sent to mental hospitals. As in the nature of the case no accurate statistics are available for past years, we are not in a position to give actual numbers, but our view is confirmed by the findings of the Wood Committee.

Their investigator estimates that there are about 21,600 mentally defective persons in mental hospitals. Large numbers of these, doubtless, had some psychotic condition which had supervened upon an original condition of amentia when they were admitted. In his opinion, at the time of the investigation, about one-third of the mental defectives examined in the mental hospitals were still suffering from a psychotic condition which made it necessary for them to have the special care provided in these institutions. Even if the remainder proves not to be so

large as the investigator thought, there can be no doubt that a large number could be treated and cared for adequately in colonies or simpler institutions under the Mental Deficiency Acts.

This figure (21,600), compared with the findings of the Royal Commission twenty years earlier, shows an increase of over 8 per cent. It is within our knowledge that the Poor Law Institutions and some of the smaller Certified Institutions have not the structural convenience or the trained staff necessary to deal with troublesome patients, and that there is a tendency to send such patients to a mental hospital. It is the same with mental defectives who have remained in the community. When they develop resistive, destructive or anti-social propensities the line of least resistance is certification under the Lunacy Acts rather than the Mental Deficiency Acts, because months and even years may elapse before a vacancy can be found in an institution for mental defectives, whereas a mental hospital cannot ordinarily refuse admission even though overcrowding often results.

We are strongly of opinion that, except where a definitely psychotic condition has supervened, it is not in the interest of defectives to be sent to mental hospitals or desirable for persons suffering from mental disorders to be associated with mental defectives, especially those of a low grade. If, as we confidently hope, the passing of the Local Government Act leads to the concentration of the Mental Health services under one Committee of the County or County Borough Councils, we may expect the result to be better classification of all patients and the use of every institution for the type of patient for which it is most appropriate.

The present position with regard to accommodation.

During the year under review 625 new beds have been provided by Local Authorities. In view of the urgent need for accommodation we regret that we can only record so small a number. Up to the present Local Authorities have provided only 6,297 beds. Ninety-eight out of the 125 Local Authorities have not yet provided any institutions, but we are glad to record that five more Local Authorities have this year opened institutions.

The 27 Local Authorities who have made some provision under section 30 (c) of the Act are :—

	<i>Beds.</i>		<i>Beds.</i>
Bradford C.B.		Middlesex C.	
Ashfield — — —	50	Bramley House — —	50
Westwood — — —	50	The Hangars, Shenley —	100
Buckingham C.		Craufurd Home — —	106
The Manor House, Aylesbury — — —	45	Mid-Yorks Joint Board (Leeds, York, Halifax and Kingston-upon-Hull C.B.'s). Mid-Yorks Certified Institution — —	200
Croydon C.B.		Newcastle-upon-Tyne C.B.	
6, Morland Road — —	20	Shotley Bridge Colony —	344
Derby C.B.		Nottingham C.B.	
Thornhill — — —	39	Aston Hall — — —	97
Devon C.		Sheffield C.B.	
Stoke Lyne — — —	54	Hollow Meadows — —	58
Glamorgan C.		Wales Court — — —	47
Drymma Hall — —	79	Somerset C.	
Ipswich C.B.		Sandhill Park — —	72
Handford Home — —	22	Yatton Hall — —	76
Kingston-upon-Hull C.B.		Southampton C.	
Tilworth Grange — —	50	Coldeast Colony — —	53
Lancashire Asylums Board.		Stoke-on-Trent C.B.	
Calderstones — — —	2,493	The Cloughs — — —	50
Leeds C.B.		Yorks (West Riding C.).	
Meanwood Park Colony —	184	Rawcliffe Hall — —	130
Kepstorn — — —	40	The Mansion, Kirkburton	60
Leicester C.B.		Oulton Hall — — —	168
Leicester Frith and ancillary premises—Cross Corners and Birstall Holt	183	West Wales Joint Board (Cardigan, Carmarthen, Pembroke, Brecon and Radnor C.'s). Pantglas Hall — — —	70
London C.		Total beds provided — —	6,321
The Manor — — —	1,091	Increase on last year —	625
Brunswick House — —	75		
South Side Home — —	80		
Farmfield — — —	85		

Although the actual amount of new accommodation provided last year falls so short of urgent requirements, yet it is nearly double that provided during the preceding year, and the following information shows that a large number of Local Authorities have realized the urgency and are taking steps, in the face of many difficulties, to fulfil their statutory obligations.

During the past year the mansions at Coldeast and Oulton Hall have been opened for the reception of patients. These are the properties of the Southampton and West Riding County Councils respectively, and it is intended to develop Colonies on these estates to meet the needs of each area. Plans for the erection of villas at Coldeast have already been received and the lay-out of the proposed Oulton Colony is under consideration. It is hoped that by the time this Report is published the West Riding County Council will have decided upon the erection of the first section of Oulton Colony.

Similarly, The Hangars, Shenley, represents a commencement of the proposed Shenley Colony of the Middlesex County Council by the adaptation of existing accommodation for 100 male patients. A scheme for the provision of further accommodation on the villa system for 260 additional patients has been submitted for statutory approval. In addition, the same County Council have opened Craufurd Home for 106 patients.

Temporary proposals to meet pressing immediate needs pending the submission of a scheme for permanent accommodation are seen in the certification of The Manor House, Aylesbury (Buckingham C.); of 6, Morland Road, Croydon (Croydon C.B.); and Thornhill (Derby C.B.).

The London County Council have added 25 beds to their accommodation at Brunswick House, and the certificate in respect of Farmfield will be extended as soon as the additions which are now being made are completed. Plans submitted by the Council for the erection of three villas at The Manor have received statutory approval, and it is hoped that the work will be completed by the end of the present year.

The West Wales Joint Board are providing 20 additional beds at Pantglas Hall.

The Leicester City Council propose to erect three villas at Leicester Frith, and the plans have received statutory approval.

Up to the present date the following Local Authorities have acquired estates on which to establish Colonies:—

Denbigh,	Glamorgan,	Norfolk,
Bristol,	Hertfordshire,	Staffordshire,
Birmingham,	Kent,	Stoke-on-Trent,
Durham,	Middlesex,	West Ham.

Building operations have commenced in connection with the proposed Hortham Colony, Bristol, which will provide accommodation for some 600 patients.

The mansions on the estates acquired by Birmingham and Glamorgan are in course of adaptation, and in each case villas on the Colony system are to be erected. Plans of the proposed adaptation of the mansions on the estates acquired by Denbigh, Kent, Norfolk, and Stoke-on-Trent are in an advanced stage, and it is anticipated that the work will be put in hand at an early date.

It is hoped that building operations will commence during the year in respect of the proposed enlargement of the Royal Eastern Counties Institution, Colchester, to provide additional beds for Essex, Cambridgeshire and Suffolk (E. and W.). The Devon County Council and the Exeter and Plymouth County

Boroughs are negotiating with the Managers of the Western Counties Institution for the provision of beds on the villa system on land at Dawlish already purchased by the Managers. The Lancashire Mental Deficiency Acts Committee contemplate the development of their Brockhall estate on Colony lines.

Plans have been approved for a block for 50 patients at The Royal Albert Institution, Lancaster, and the Managers of the Western Counties Institution are proposing to open a Hostel for high grade female patients in Exeter.

The following Local Authorities, in view of the urgent need for accommodation, are considering various schemes: Northumberland C., Portsmouth C.B., Southampton C.B., Sheffield C.B., the South-West Yorkshire Joint Board, Cumberland C., Westmorland C. and Carlisle C.B., the Cheshire Joint Board, the Lincolnshire Joint Board, Buckingham C., Oxford C., Oxford C.B. and Reading C.B., Bedford C. and various neighbouring Local Authorities, Devon C., Exeter C.B. and Plymouth C.B., and Warwick C.

If and when these schemes are carried out a number of other Local Authorities will probably contract for accommodation in the Colonies to be provided.

Section 29 of the Mental Deficiency Act, 1913.—Up to the present date Orders constituting Boards for the provision of accommodation jointly have been made as follows:—

East and West Suffolk Joint Committee.

Gloucestershire Joint Committee for the Mentally Defective. (The Councils of the County and of the County Borough of Gloucester.)

Cumberland and Westmorland Joint Committee.

Mid-Yorkshire Joint Board. (The Councils of the County Boroughs of Halifax, Kingston-upon-Hull, Leeds and York.)

West Wales Joint Board. (The Councils of the Counties of Cardigan, Carmarthen, Pembroke, Brecon, and Radnor.)

Lincolnshire Joint Board. (The Councils of the Parts of Holland, Kesteven and Lindsey and the Councils of the County Boroughs of Grimsby and Lincoln.)

Cheshire Joint Board. (The Councils of the County of Chester and of the County Boroughs of Chester, Birkenhead and Wallasey.)

South-West Yorkshire Joint Board. (The Councils of the County Boroughs of Dewsbury, Doncaster, Halifax, Huddersfield, Rotherham, and Wakefield.)

As we pointed out last year, many Local Authorities who have no accommodation of their own have obtained beds on contract in various existing institutions. This form of provision can be regarded as satisfactory only on the following two conditions: (1) that the institutions are not so far from the homes of the defectives as to render visitation difficult and expensive, and (2) that the terms of the contract are of such a character as to give the contracting Authorities time to make other arrangements if either party desires to terminate the contract.

The following table indicates the degree of success attained by Local Authorities in providing institutional care and training.

On January 1st, 1929, in 35 areas the proportion of cases in institutions was 0·50 or more per 1,000 of the population:—

Oxford C.B. — — 1·24	Nottingham C.B. — — 0·63
Somerset C. — — 1·07	Chester C.B. — — 0·62
Ipswich C.B. — — 1·00	Plymouth C.B. — — 0·62
York C.B. — — 0·97	Dorset C. — — 0·59
Rutland C. — — 0·94	London C. — — 0·59
Birmingham C.B. — — 0·91	Kingston-upon-Hull C.B. — — 0·57
Bristol C.B. — — 0·90	Reading C.B. — — 0·56
Cambridge C. — — 0·85	Warwick C. — — 0·56
Leicester C.B. — — 0·82	Montgomery C. — — 0·56
Bath C.B. — — 0·80	Sheffield C.B. — — 0·55
Buckingham C. — — 0·79	Canterbury C.B. — — 0·54
Wiltshire C. — — 0·79	Bradford C.B. — — 0·54
Soke of Peterborough C. — — 0·78	Cardiff C.B. — — 0·53
Devon C. — — 0·73	Kent C. — — 0·50
Exeter C.B. — — 0·70	Lancashire C. — — 0·50
Middlesex C. — — 0·70	Southampton C. — — 0·50
Leeds C.B. — — 0·70	Yorks, East Riding C. — — 0·50
Newcastle-on-Tyne C.B. — — 0·69	

On the other hand, 39 Local Authorities had a ratio of 0·25 only or under per 1,000 of the population in institutional care, of whom the 10 lowest were:—

Carmarthen C. — — 0·15	Southampton C.B. — — 0·11
Parts of Holland C. — — 0·15	Carlisle C.B. — — 0·09
Bournemouth C.B. — — 0·14	Merthyr Tydfil C.B. — — 0·06
Brighton C.B. — — 0·14	Great Yarmouth C.B. — — 0·05
Northampton C.B. — — 0·13	Swansea C.B. — — 0·01

4. MARRIAGE OF DEFECTIVES AND STERILIZATION.

The growing demand in the Press and elsewhere for the sterilization of mental defectives compels us to return to a subject which we have already discussed in previous Reports, although we are still of opinion that sufficient data are not yet available on which to base any definite recommendations. Such statistics as have been collected have been in the main compiled with the object of establishing a proposition the validity of which has been assumed on merely *à priori* grounds. That there is a case for further scientific research we readily admit; but, until reliable data are available, we are not prepared to make any recommendations in regard to these proposals. It is, however, important to remove certain misapprehensions as to the possible financial savings

which would result. It cannot be too emphatically stated that sterilization will not obviate the need for colony or other institutional treatment for large numbers of mental defectives. So far as the low grade cases, idiots and imbeciles, are concerned, the need for institutional treatment is too obvious to need any argument. But in the case of the feeble-minded, who form approximately three-quarters of the whole number of mental defectives, it is not sufficiently understood that the great majority require care, supervision and control, because they are incapable of managing themselves. As the Wood Committee have pointed out, the criterion of mental defect is social adaptability. The majority of defectives cannot support themselves, many cannot resist criminal impulses, and others, though not actively dangerous, are a menace to the community, because they have no idea of truth or social obligation, and because they cannot keep themselves decently clean or observe the simplest rules of personal hygiene. Some have so little self-control that they are apt in moments of excitement to attack others and to commit crimes of violence, including arson. Many are sexually unrestrained or perverted, and are a constant danger to women and children. Anti-social tendencies and habits of this kind are not to be cured or even lessened by sterilization. As the provision of institutional beds is far below even the most conservative estimate of present needs, we hope that no Local Authority will relax their efforts because of any fallacious promise of what sterilization might achieve.

It follows, therefore, that sterilization is relatively unimportant in relation to those defectives who are receiving institutional treatment. But while there will always be a large number whose lives must be spent in institutions and colonies, there will also be a far larger number who must remain in the community. This has been clearly brought out by the report of the Wood Committee. Roughly speaking, out of 300,000 mental defectives in England and Wales, one-third will require institutional provision and two-thirds some form of community care, that is, care outside an institution. It is in the case of the latter that the risk of procreation arises, and the case for sterilization, if such a case exists at all, is strongest. It can hardly be denied that the 200,000 defectives who must remain in the community are wholly unfitted for parenthood. Though it does not necessarily follow that the children of defective parents will themselves be defective, they are liable to be exposed to the miseries and hardships of being brought up by a mother or father incapable of self-control who will almost certainly neglect them, and who may, by reason of mental instability and ungovernable temper, aggravate by cruelty the results of ignorance and neglect. But it does not seem to us necessarily to follow that the probability of parenthood, so obviously undesirable in such cases, can only be obviated by sterilization. We believe that much could be done by per-

fecting the protection afforded by supervision and guardianship. With a more enlightened and educated public opinion, the rational use of these two safeguards would go a long way to eliminate, or at any rate to reduce to a negligible minimum, the risk of procreation. To do this, two things are absolutely essential: (1) that the Committees for the Mentally Defective, the Justices and the Visitors should understand and appreciate the necessity for the lifelong protection and care of defectives; and (2) that no persons should undertake the care of defectives in the community until they have received special instructions and are willing to carry them out. It is worse than useless to place defectives under the care of guardians who deny that they are defectives and see no harm in their becoming parents. If and when the community fully realizes the importance of this, and when they are enlightened enough to warn off all possible mates, then the risks of community care will be materially lessened. At the present time the contrary is often the case.

In our view it would be a valuable safeguard if the marriage of defectives, whether under order or under supervision, could be prohibited by law. It is astonishing that on grounds of so-called morality well-meaning persons are found to countenance and even to encourage the marriage of defectives who are not only obviously unfit to undertake the responsibility of parenthood, but are incapable of assuming the responsibilities of the relationship into which they propose to enter. A definite prohibition of the marriage of defectives would prevent unions which are socially disastrous and would make it much easier to secure the protection of young defectives under supervision or guardianship or on licence by bringing home to the public conscience the anti-social character of any overtures towards persons definitely stamped as incapable of valid marriage.

5. ASCERTAINMENT.

Section 30 (a).—At the end of 1928 the number of defectives reported to Local Authorities was 66,458, an increase during the year of 4,936. This is nearly four times as great an increase as that which took place in the preceding year, and we congratulate Local Authorities on their increased activities. We cannot, however, avoid the conclusion that this activity does not obtain in all areas, because the returns in the various districts vary from 5.62 to 0.24 per thousand.

The following 37 Local Authorities report the highest ratios, and it will be seen that none of them falls below 2 per 1,000 :—

Cardigan C.	—	—	5·62	Bath C.B.	—	—	—	2·36
Rutland C.—	—	—	4·82	Burton-on-Trent C.B.	—	—	—	2·35
Devon C.	—	—	4·38	York C.B.	—	—	—	2·35
Somerset C.	—	—	4·06	Hertford C.—	—	—	—	2·25
Plymouth C.B.	—	—	4·03	Birmingham C.B.	—	—	—	2·23
Oxford C.B.	—	—	3·80	Shropshire C.	—	—	—	2·22
Ipswich C.B.	—	—	3·47	Middlesex C.	—	—	—	2·17
Cambridge C.	—	—	3·26	London C.	—	—	—	2·12
Reading C.B.	—	—	2·95	Radnor C.	—	—	—	2·12
Nottingham C.B.	—	—	2·91	Gloucester C. and				
Cornwall C.—	—	—	2·90	Gloucester C.B.	—	—	—	2·11
Suffolk, East & West	—	—	2·79	Walsall C. B.	—	—	—	2·11
Wiltshire C.	—	—	2·72	Soke of Peterborough C.				2·09
Bristol C.B.	—	—	2·57	Leeds C.B.	—	—	—	2·09
Parts of Lindsey C.	—	—	2·51	Chester C.B.	—	—	—	2·05
Warwick C.	—	—	2·47	Southampton C.	—	—	—	2·04
Merioneth C.	—	—	2·43	Bradford C.B.	—	—	—	2·03
Essex C.	—	—	2·42	Dewsbury C.B.	—	—	—	2·02
Leicester C.B.	—	—	2·40	Smethwick C.B.	—	—	—	2·00

In addition to the above, there were 27 others where the numbers reported were below 1·00 per 1,000, of whom the lowest six, all below 0·50, were :—

Carmarthen C.	—	—	0·49	Tynemouth C.B.	—	—	0·39
West Bromwich C.B.	—	—	0·49	Huntingdon C.	—	—	0·32
Swansea C.B.	—	—	0·48	South Shields C.B.	—	—	0·24

The ascertainment numbers of Local Authorities do not include, or up to the present time should not have included, mental defectives within the jurisdiction of the Poor Law Authorities or feeble-minded children for whom the Local Education Authorities are responsible. The estimate of the mean incidence of mental defect, namely, 8 per 1,000 of the population, given by the Wood Committee, includes these two groups of defectives, and they alone account for 3·89 of the total incidence. If this be deducted it leaves an incidence of 4·11 per thousand of mental defectives, of whom the Local Authorities should have some knowledge. This mean figure corresponds to an incidence of about 3·70 in urban and 5·77 per thousand population in rural areas. These figures relate to the conditions obtaining before the enactment of the Local Government Act. It will now be possible for Local Authorities to obtain knowledge of all Poor Law defectives, and they will therefore have a more complete estimate of the magnitude of the problem.

We must again emphasize the necessity of employing trained officers in this delicate and important work. Where there is a Voluntary Association it is often advisable to employ the Association's Secretary, who has, as a rule, received adequate training. When no such Association exists the Local Authority might invite the co-operation of the Central Association for Mental

Welfare to form one in their neighbourhood. Alternatively, it is open to the Local Authority to send an employee of their own to be trained at the Central Office of the Central Association for Mental Welfare and to attend the courses of lectures arranged for this purpose.

6. SUPERVISION.

Section 30 (b).—The number of cases under statutory supervision on January 1st, 1929, was 19,606, an increase of 1,712 during the year, which may be compared with an increase of 1,751 during the preceding year. Those under voluntary supervision number 19,639. We should like to see statutory supervision for the mentally defective much more thoroughly carried out. The very large numbers of defectives of all grades and ages, amounting to about 164,000, who, according to the findings of the Wood Committee, could be left in the general community, make it imperative to strengthen and improve as far as possible all forms of community care. We trust Local Authorities will pay particular attention to this means of protecting the mentally defective, and we think their efficiency might be strengthened by employment of trained officers and the establishment of Occupation and Industrial Centres for those defectives who remain in the community. Further, it is essential that these defectives should be under careful and skilled observation, for at any time a change in their mental condition or their environment might mean that supervision no longer affords sufficient protection, and that institutional care has become necessary. It should be noted that 12 Local Authorities have, according to the returns of January 1st, not a single case under supervision; while five others have only 5 or less under this form of care.

7. OCCUPATION CENTRES AND INDUSTRIAL CENTRES.

The statutory duty imposed upon Local Authorities by the Mental Deficiency Act of 1927 of providing training for defectives outside institutions has given impetus during the year to a movement for the provision of new Centres and for the formulation of schemes for home training.

Replies to the Board's circular No. 750, referring to the training of defectives outside institutions, have been received from 23 Authorities, 14 of which propose amongst them to start 21 new Occupation Centres and 5 new Industrial Centres; seven Authorities put forward schemes for home training, four have schemes still under consideration, and two express the opinion that training in their area is impracticable. In addition to these new schemes the attendance at some existing Centres is being increased by the better organization of guides, whilst others are being opened for more sessions in the week.

It is too early yet to comment on the schemes for home training, two or three of which have been very carefully thought out and will be watched with interest during the current year.

The total number of Centres now established is 114 by Voluntary Associations and 7 by Local Authorities. The number of defectives on the books on January 1st, 1929, was 1,536, an increase of 84 over last year.

In spite of the material increase that has taken place during the year, there remain areas where no steps have yet been taken to provide any of the forms of training contemplated in the 1927 Act, and others where the provision made is clearly inadequate to the needs. It has been, we think, sufficiently proved that Centres, by providing training, employment, and supervision, without which even defectives living in good homes are liable to deteriorate, must play an important part in any scheme for the care of defectives outside institutions. We therefore hope that Local Authorities will continue to extend the provision of Occupational and Industrial Centres, and also that they will experiment in possible methods of providing training for defectives in their own homes.

The number of voluntary cases on the registers indicates that, in some areas, sufficient use is not being made of section 2 (2) (b) of the 1913 Act, as amended by the Act of 1927, which amendment allows Local Education Authorities to notify cases who need supervision, including, as it now does, training and occupation. Another amendment, designed to bring a wider range of defectives within reach of the benefits of the Act from which they had formerly been excluded, was section 2 of the Act of 1927 amending section 2 (1) (b) (1) of the 1913 Act. This section now includes any defective in respect of whom representation has been made by his parent or guardian that he is in need of care and training which cannot be provided in his own home. It would therefore seem probable that a large number of the cases entered as voluntary on the registers could be dealt with statutorily by action taken under one or other of these sections, and so brought to their advantage within the purview of the Act.

We would like to take this opportunity of urging Voluntary Associations and Local Authorities to keep clearly before them the aims of the training to be provided for low grade defectives, and to see that Centres are staffed with Supervisors who have practical knowledge and have been given opportunities for learning how to carry out these aims. Much remains still to be learnt as to the best methods of training, and useful experiments can be carried out in individual Centres, but some experience and knowledge of what is being done elsewhere is essential in a Supervisor, and those responsible for the organization of Centres will be well advised to consider whether they cannot make use of the Course for Supervisors organized by the Central Association for Mental Welfare.

8. GUARDIANSHIP.

Section 30 (d).—The total number of cases under guardianship on January 1st, 1929, was 1,338, an increase of 244 cases during the year—a slightly smaller increase than that shown during the year 1927 (252). We regret that Local Authorities do not make a fuller use of this provision for the mentally defective, as it undoubtedly meets the requirements of a certain number, especially of those who have had several years of training and who do not display any marked anti-social propensities. Thirty-one Local Authorities, however (out of a total of 125), have not a single case under guardianship; while 30 others have only one or at the most two cases. Estimates based upon the findings of the Wood Committee show that we may expect to find, even with the present statutory powers of Local Authorities, some 4,500 adult defectives in England and Wales who could be provided for in this manner; but, if under the Local Government Act one Authority should deal with all adult defectives, the number would be about 13,500. We trust that Local Authorities will make it part of the duty of their ascertainment and supervision officers to find out and to record the names and addresses of suitable guardians in order to be in a position to obtain varying orders for patients in their institutions. If the powers in this section of the Mental Deficiency Act are used with discretion, and if care is taken both as to the selection and instruction of guardians, this method of care and protection should prove both humane and economical. We think the formation of Guardianship Societies on the lines of those already in existence would prove a great help to Local Authorities, and we recommend them to apply to the Central Association for Mental Welfare for assistance in organizing societies in the districts which are still without such provision. We desire again to reiterate the warning that parents of defectives do not always make suitable guardians.

9. DISCHARGE AND LICENCE.

(a) Discharge.—In 1923 an investigation was started with a view to guiding the Board in their policy as regards the discharge of persons certified under the Mental Deficiency Act. Reports on the after-careers of all high grade defectives discharged during the years 1922-1926 have been received through the courtesy of Local Authorities for three consecutive years. These reports are being examined and analyzed as they are received, and some results showing the percentage of failures and successes have already been published in our annual Reports during the past four years. This year, however, the facts revealed by the reports received during the current year do not show any material change, and we propose to withhold the publication of further statistics and deductions until next year, when the whole of the three

successive years' reports on all high grade cases discharged during the five years 1922-1926 will have been received and analyzed and the investigation will be completed.

(b) *Licence*.—On January 1st, 1929, there were 1,146 defectives out on licence. During the previous year, for various reasons, 120 had been recalled to institutions. In the majority of these cases it is probable that they were unfitted for life outside an institution, but in a good many cases it is safe to conclude that the choice of the persons to whom they were licensed had been unfortunate. The failure or success of licence must always depend on two factors, i.e., the suitability of the defectives for the freer conditions of single-care and the suitability of the persons who undertake their care. We hope that the serious want of accommodation throughout the country will not encourage Local Authorities to send out defectives who are unsuitable for licence or tend to make them accept persons as guardians who are unfitted for this difficult task, for we believe that licence after suitable training is a valuable means of dealing with many defectives and that, where proper care is taken in both the above respects, it will be found to afford sufficient protection both to the individual and to the community.

For the purpose of ascertaining whether this is so, we have made a careful scrutiny of 300 cases on which we have received detailed reports from our Inspectors. These cases are a fair sample and have not been in any way selected. They have been sent out on licence from all types of institutions and are under the care of a number of different Local Authorities.

The following table does not represent fairly the proportion of failures amongst licensed cases, as the obvious failures have been already recalled to institutions. As we have stated above, in 1928, 120 of the total on licence were recalled, and in addition the recall of 19 others was recommended by our Inspectors from amongst the 300 visited.

Particulars of 300 patients on licence.

A. (1) Living away from home, wage earning	-	-	99
(2) Living away from home, but not wage earning	-	-	32
B. (1) Living at home or with friends, wage earning	-	-	61
(2) Living at home working, but not wage earning	-	-	51
(3) Living at home, not working	-	-	45
C. Information too incomplete to classify	-	-	12

The following is an estimate of the conditions of the homes and circumstances in which the 300 defectives were living, and includes such considerations as clothing, health, accommodation, sufficiency of control and facilities for recreation: *Good*—217; *Fair*—62; *Bad*—12; *Insufficient information*—9.

In five cases the age was not stated, but the age and sex of the remaining 295 cases are shown below :—

		Males.	Females.
Over 16 years of age	- -	138	132
Under ,, ,, ,,	- -	14	11
Total -	- -	152	143

These figures, if typical of all licensed cases, show that there is little difference between the numbers of each sex, but that licence is not often used for children under sixteen. We are glad to observe this, as it is obvious that the period when training is required should, as a rule, be spent in an institution.

The following are the mental types of the 300 cases: *Feeble-minded*—226; *Imbecile*—73; *Idiot*—1.

The Inspectors recommended—that 236 should remain on licence; 20 should be transferred to guardianship; 19 should be recalled to institutions; discharge should be considered in 16 cases, while they made no recommendation in 9 cases. In six cases where the recommendation made was “to remain on licence” guardianship was suggested as an alternative.

Wages and Employment.—Although the above table shows that 160 defectives out of the 300 are wage-earning, we have only particulars of 66 women and 74 men, for in 20 cases the wages were not stated.

Women.—Of the 66 women, 60 are employed in domestic work and “live in.”

Fifty-three of them receive 5s. a week or over, of whom 15 earn 10s. a week or over. The highest weekly wage in this group is 14s. a week. The remaining 7 receive from 1s. to 4s. 6d. a week.

Six only of the women wage-earners are “living out.” Three of these are daily domestic helpers and earn about 10s., 3s., and 2s. 6d. a week respectively. Two of the others are receiving 20s. a week, one in a paper and one in a cheese factory; and the third, a very high grade case, is earning 52s. a week in a laundry.

Men.—The position is reversed as regards the male wage-earners, for only 27 of them “live in,” while 47 of them “live out.” Of the 27 “living in,” the highest wage-earner, a barman, receives 27s. a week.

Eighteen others receive 5s. a week or over, the highest being 9s. 6d. The eight remaining cases only receive pocket-money varying from 1s. to 2s. 6d. a week.

Most of this “living in” group are farm workers, or are employed in the house or at odd jobs.

Of the 47 wage-earners in the “living out” group, we find that eleven are earning between 40s. and 60s. a week. Only one who works in a brush factory earns as much as 60s. It is satis-

factory to know that he learned his trade at the institution from which he is licensed. The next highest is a dustman, earning 59s. a week. Of the remaining nine, one is helping to lay telephone cables, one is assistant to a French polisher, two work in engineering firms, one is a tailor, one a coal carter, and three are labourers in factories.

A second group of 19 are earning from 20s. to 38s. a week in various different ways, which include labourers, motor-cleaning, at grocers' and greengrocers' shops, farm work, coal porter, kitchen boy, baker's assistant, poultry hand, odd jobs at factories, etc., etc.

A third group of twelve are earning from 10s. to 18s. 2d. a week. Their work includes boot repairing, tailor's porter, errand boy, house boy, electrician's mate, odd jobs at factories, etc., etc.

The remaining five receive only small sums, which vary from 1s. to 6s. a week and hardly amount to more than pocket-money.

Some of the defectives, who are receiving only very small sums as pocket-money, are partly maintained by their respective Local Authorities, but in all cases they are costing the public less than if they had remained in institutions. If we take 5s. a week plus board and lodging as equivalent to self-support, we may say that 72 of those "living in" (53 women and 19 men) are self-supporting, and if we take 20s. a week for those "living out" as equivalent to self-support we may say that 33 (3 women and 30 men) are self-supporting. Thus on this basis 105—or approximately one-third—of the 300 are self-supporting. This is on the assumption that they are constantly in work, which we are afraid cannot always be the case. Seven of those visited were temporarily out of work, and three of these were in receipt of unemployment pay. There is no doubt that, without the supervision afforded by the terms of licence, a very large number would have been unable to retain the employment found for them. Most would be incapable of finding situations for themselves, and few are able to spend satisfactorily the money they earn without constant help and supervision. But apart from economic reasons for developing and improving this method of caring for defectives, we are convinced that it affords them a freer and on the whole a happier and more natural life than can be obtained in institutions. The most obvious difficulty to be overcome is the risk of marriage and procreation. This we have referred to above.

10. NUMBERS UNDER CARE.

The summary of the mentally defective patients appears on the following page. They numbered on 1st January, 1929, 45,415 (males 22,803 ; females 22,612). Included in this total are the cases under statutory Supervision, which numbered 19,606 (males 10,541 ; females 9,065).

During 1928 there were increases of 95 in State Institutions, of 741 in Certified Institutions, of 556 in Poor Law Institutions

Where maintained.	Received under the Mental Deficiency Act, 1913.										Received outside the Mental Deficiency Act, 1913.			Total of all Mental Defectives in Institutions and under Guardianship.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	Under Orders (secs. 5-9).				Not under Orders (sec. 3).																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	Non-criminal.		Criminal.		M.		F.		M.								F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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In State Institutions	122	224	309	119	5	6	436	349	785	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

(a) Of these cases approximately 1,120 were on Licence from Certified Institutions and 34 from Guardianship.

* Notified cases (sec. 51).

† In addition to the patients in Institutions and under Guardianship, there were on the same date 19,606 patients (10,541 Males, 9,065 Females) under Statutory Supervision (Sec. 30 (b)).

approved under section 37, of 9 in Approved Homes, of 245 among those under Guardianship or Notified, and of 1,712 under statutory Supervision, while the number in Certified Houses decreased by 6, making a total net increase of 3,352 patients under care.

11. STATE INSTITUTIONS.*

(1) Rampton.

We have received the following report from Dr. Rees Thomas, Medical Superintendent of the State Institution at Rampton :—

On December 31st, 1928, 432 males and 297 females, making a total of 729, were resident in the institution. The net increase during the year was 92 (51 males, 41 females). Seventy-four males and 58 females were admitted. In the table given below is shown the type of place or institution from which patients were admitted :—

	<i>Males.</i>	<i>Females.</i>
Admitted from—		
Prisons — — — — —	9	3
Courts of Summary Jurisdiction—		
Under Sec. 8 — — — — —	8	1
Under Sec. 6 — — — — —	1	—
Borstal Institutions — — — — —	7	—
Certified Institutions — — — — —	13	24
Institutions approved under Sec. 37 — — — — —	25	18
Warwick State Institution — — — — —	—	5
Places of Safety — — — — —	5	3
Discharged and re-admitted same day — — — — —	2	—
Guardianship — — — — —	1	2
Own Home — — — — —	3	2
	—	—
	74	58
	—	—

Admissions.—Thirty-four males and 11 females were admitted to Rampton immediately following certification, and of these, 25 males and 4 females were received from Courts, Prisons or Borstal Institutions. When it is remembered that this institution exists for the reception of defectives of dangerous or violent propensities it will be realized that the problem of the care and supervision of the feeble-minded has not yet been solved. In 29 cases attention has only been focussed on the mentality of the patients after a crime or series of crimes of serious import have been committed. No effort can be too great to secure the recognition and control of defectives who are potential criminals, and who even though feeble-minded, do after contamination become a point of intense social and moral danger to our normal boys and girls. The effects of immorality and crime are infinitely more difficult to erase than they are to prevent, because vicious habits tend to find their richest soils in the secrecy of children's minds. We cannot eliminate what we cannot trace, and we can only estimate the cumulative effect on social behaviour in general. We can judge from the deplorable outlook of the boys and girls brought

* Institutions for defectives of dangerous or violent propensities established and maintained by the Board of Control under the provisions of section 35.

under care for the first time what must have been the effects of associations with them on children and adolescents of normal mental capacity. It is vital to the interests of the race that the feeble-minded, who do not re-act normally to the social stimulants that are provided, shall not carry with them in their downward path the children who have normal potentialities. It is not so much that we assume every feeble-minded boy to be vicious and morally dangerous; but that, in the face of competition, every boy of enfeebled mentality is liable to re-act by taking the easy path and by indulging in dreams of personal satisfaction and greatness that can only be realized in the realm of crime, sexual perversion and excess. Place the defective in surroundings suitable to his capacity, and he will usually deserve his quantum of praise and thus be spurred to greater effort and achievement. These conditions can obtain only in a restricted and sheltered community. This is his natural home; and, for his sake and for the benefit of society, he should be placed under care before dissolute habits and criminal tendencies have been established.

The number of patients received from Institutions approved under section 37 of the Mental Deficiency Act, relative to total admissions, has fallen by nearly 20 per cent. It is assumed that this improvement has been due to the more suitable placing of patients and to more efficient care and management of those admitted to this type of home. Although there is a slight relative increase, there has been no actual increase in the number of transfers to Rampton from Certified Institutions.

Discharges and Transfers.—These during the year numbered 30, of whom 17 were males and 13 females. Of this number 3 females were transferred to The Cape, Warwick, and 13 males and 6 females were recovered sufficiently to justify transfer to other institutions governed by Local Authorities. Four males and 5 females have been sent on licence to various institutions or situations. Three females became insane and were removed to mental hospitals.

Deaths.—Six patients died during the year. The causes of death were tuberculosis (1), pneumonia (2), epilepsy (1), nephritis (1), and heart disease (1).

General Health.—The health of the patients resident in the institution has been good. Four female patients are suffering from tuberculosis, but on the male side we have been free from this disease for several years. We have had several minor epidemics of influenza, but the resistance to disease has been uniformly high. No cases of dysentery, typhoid or other contagious or infectious fevers have occurred.

Absconders.—In an institution where patients are given the greatest amount of liberty consistent with safety, it is expected that some will take an opportunity to abscond. It is so easy for our boys to run away that I am agreeably surprised that a greater number do not seek to do so, especially as a considerable proportion of them have previously left home or institution in any fit of pique or passion that coincided with reasonable opportunity. Nineteen boys and one girl absconded during the year, but excepting one boy they have all returned to the institution. I have found that too great precautions against escape only have the effect of stimulating effort to do so; and, when they know that our main object is training, care and reform, the stimulus to wander in search of an imaginary freedom is not so pressing. It is noteworthy that the persistent absconder is always affected with *wanderlust*, so that he can rarely under the most favourable conditions make a success of his life. He is unhappy in his work because he cannot work, and in play prefers to take the short cut regardless of rules. He rarely succeeds; but, notwithstanding his failure, he still believes that given a chance he will become a man of substance; and, because he fails to do the immediate task, he longs for the ever distant romance. It is obviously impossible to prevent such

patients from seeking the change they desire, and we can only help them by showing that our interest is centred in their welfare.

Occupation.—Interesting and varied work is provided in our workshops ; so that an accomplishment, however small, finds its expression and takes its place in the life of the institution. In this respect we are making slow but steady progress : each year, as additional space becomes available, new shops are opened and new occupations are offered to suitable patients. The work done by the boys and girls during the year has been satisfactory. Apart from ordinary arts and crafts, we have utility shops in which are made almost all the articles of clothing used in the institution. Most of the cotton cloths we use are woven on our looms, and during the year we made over 11,000 yards of material. In the embroidery, lace, raffia and leather workshops we have tried to produce the type of article fashionable at the moment, and we have succeeded in that all the work produced has been sold.

Generally speaking our patients have been happy and their standard of conduct is definitely higher than in previous years. In no case has mechanical restraint been necessary.

Principles upon which Selection of cases for Removal from Rampton is made.—Although many problems have to be solved, as to which only partial solutions are as yet presented, none is so important as that relating to the care and welfare of our patients. It is quite obvious that the means of supervision and control provided in a State Institution for defectives of violent propensities entails an expenditure in excess of that for the more elastic but efficient supervision of less dangerous defectives in other institutions. It is our constant object to transfer those who are no longer dangerous and violent to Certified Institutions where they can be busy and happy though still separated from the main body of society. From every point of view, including that of the defective himself, Guardianship is the ideal. But it is rather much to hope that our “ wards,” who at one period of life are so vicious that control in a State Institution is necessary, may become so aligned in the social rank and so unaware of their procreative instincts that the experiment involves no risk of catastrophe with attendant danger to society and to themselves. We are aware of our own responsibility in the matter, so that not the least of our difficulties is the decision to accept a risk which society, as the judge, may deem not too great. And, in passing on to another authority a patient who has recovered from a mental outlook involving danger to society, we have to consider the type of control to which he will be subjected. It would be absurd to expect a boy, who behaves normally when supported by the control and sympathy we can give him, to pass successfully to a guardianship where the remedy for an urgent mental illness, in itself of apparently trifling import, is not immediately to hand. These minor effects of maladjustment are so important that failure to grasp and to solve the immediate problem may lead to a complete relapse : the work of years is then undone. Conduct is decided in so fine a balance, and the scale falls so quickly, that often we cannot grasp the importance of the moment until the time is past and the full effects are apparent to all. No effort is spared, but the real factors at work are so obscure that even those who make a life study of the subject are unable to do more than indicate the surface causes of a few of the mental abnormalities of our own kind. Although we have in this country and on the Continent insisted on the study of the individual rather than the mass, we recognize, for purposes of judging possible progress, a number of types, the peculiarities of which are against, or in favour of, the effort to achieve normal behaviour. I do not believe that the feeble-minded are in any way other than by degree separated from the greater mass of humanity. Their efforts are feebler, and their chances of achievement less, because they are not so well equipped on account of their defect or disorder ; but there is no apparent difference in kind. Examples may be given in which a clear

cause for the delinquency can be indicated—such as encephalitis lethargica, with its disastrous after-effects. In proportion to the whole, such cases are exceptional ; but I hope for the time when we can offer definite proof that crime is dependent on mental and physical abnormality. How, then, do we regard the outlook at the present day, and in what proportion of cases can we say that the immediate outlook is hopeful and the ultimate outlook certain ? That mental defectives will exist in the best organized society of the future, I have no doubt ; but surely these cases will be those only in which serious defect of intelligence, due to inadequate mental development, is a reversion to an involutionary type.

Some Considerations affecting Defectives grouped in three Classes.—The great mass of defectives, as we see them to-day, fall into three main classes :—

(i) *Defectives in whom lack of control is due to Defective Intelligence.*—In the first class, are those in whom the failure of adaptation is due to defective intelligence and the lack of control required for the mental age to which they belong. They are unable to organize their lives in a manner acceptable to their fellow beings. Generally speaking, the outlook here is hopeless ; but, at least, we can take them up when young, and, by training and care, teach them the simple tasks and interests of life within an institution. Thus they may, and the great majority so treated do, attain to happiness and usefulness at a comparatively small cost to society. These defectives know and realize that they are inferior, and their happiness lies only in their ability to live on terms of equality with their own type. Where special precautions are necessary to prevent outbreaks of violent and anti-social behaviour, they are dealt with in a State Institution. Control is largely a matter of supervision, as the circumstances determining misbehaviour arise when close supervision and guidance are impossible. As to the future, it can be assumed that the incidence of this group is dependent on our knowledge of preventative medicine as it is applied to the procreation of the child and to its intra-uterine and early extra-uterine life. We are making progress, but there is much work to be done : in our study of these problems we move slowly, because it is not always clear in what direction we must go ; but I have no doubt that the grosser forms of mental defectiveness will ultimately yield in numbers to the definitely advancing lines of research. It is certain that a considerable proportion of our cases are secondary to disease and toxæmia.

(ii) *Higher Grade Unstable Defectives.*—In the second group I would place the higher grade unstable defectives. The border-line between instability and actual insanity is ill-defined, although the extremes of both groups are clearly marked and separate. The condition arises at a special period, or at least its manifestations are more evident during puberty and adolescence. From the approximation of instability in the high grade defective to that found in the normal boy and girl, we are inclined to suppose that the important factors are the ductless gland balance and the social circumstances and status of the individual. Thus, as in the normal, the end of the adolescent period marks a return to stability and an ability to cope with surrounding difficulties. If this return to normal adjustment is not effected, there is ready the material from which the criminal is made. So far as my own experience is concerned, it is quite evident that instability occurring in those of sub-normal intelligence gives way to a normal outlook very slowly and that, when care in an institution becomes necessary owing to aberration of conduct, the period of recovery and convalescence is prolonged and relapse is all too common. Some do not recover ; so that the only life possible is the sheltered existence society has provided for them. The regular routine of an institution is in itself a valuable mode of treatment. But this is not enough : the life must be made as interesting as possible, and naturally work and play should be suitable to the needs of the individual. We can improve

on the abnormal surroundings that have pressed on them, but we cannot remove all the permanent effects on character and outlook. A boy who has been taught to steal during childhood can only with the greatest good fortune acquire a conscience on the matter. At best he comes to an understanding of the problem ; and this, without the sentiments associated with the normal point of view. This experience is perhaps the greatest argument in favour of very early certification and proper care. It is unfair to expect the defective to make re-adjustments that are so often impossible even to those endowed with a normal mental equipment. Unfortunately, the early recognition and treatment of mental deficiency is not yet the pressing concern which it should be ; so that, to this extent, we are far from the ideal. But even an improvement in method will not solve the problem of the unstable. It is left to the future—the more immediate future I hope—to solve the riddle of the restlessness and unreliability of the unstable defective. The work of recent years, especially the study of child psychology, has given us ground for hope of a better understanding of the mental and physical factors on which instability depends. The solution of the problems of the difficult child and of the erring adolescent are being approached from both the mental and physical routes with considerable success. A development of this work should yield results that will be of infinite value to the individual, and should bid fair to eliminate emotional instability, and dispersion of attention as basic signs in failure and crime.

(iii) *Mildly Psychotic Class*.—The third group has for its distinguishing sign a definite mental abnormality, which is usually described as a mental disorder, and which exists in forms that do not attain to a severity that demands treatment in a mental hospital. In cases of this type under my care, the duration of the exacerbation is extremely short ; but it is important to note that the disturbed period is usually co-incidental with anti-social behaviour. As a typical example of this group, I have in mind a boy who is an excellent lad, though of subnormal intelligence ; he will work well, and will accept control and guidance in the proper spirit, and will co-operate with those around him. It is obvious that, while in this condition, he is quite able and willing to earn his own living and to lead a normal life. But it happens that from time to time he deteriorates (over a period of weeks) : he becomes inattentive, mildly pre-occupied and, therefore, lazy ; he says he does not feel well and gradually he progresses to a climax ; he is irritable, complains that his surroundings are hostile to him and will suggest that petty incidents are designed to annoy him—perhaps he will accuse a particular companion of insulting him, and will complain that any conversation he does not quite hear has for its subject his weaknesses and failings. Sometimes he thinks he is thus accused even of crimes he has not committed. He goes about in the ordinary way, but is wholly untrustworthy and sometimes dangerous. It is while in this condition that he has done all the things that can be counted against him, a series of offences for which he can hardly be held responsible. A very usual story, and an unspeakably sad one. Temporary recovery takes place quickly—often immediately following an outbreak of violence or lawlessness. He seeks this merely as an outlet to feelings he cannot control. This is the history of the group ; and, while we can do much to make life easier, the solution of the problem depends on the result of future research into the causes and prevention of mental disorder. In my opinion, this group is not sufficiently clearly recognized, but that it is extremely common is shown by the 50 per cent. of our patients at Rampton whose failure is largely due to a mild mental disorder and the difficulties that must follow in its train. Whether improved social conditions, public health, and the care of the child is having an effect, it is too early to say : but it is certain that successful treatment can be carried out only when we know more about the causes and prevention of mental disorder.

Opening of new detached Houses.—The past year has been a notable one in that we have been able to occupy some of the new pavilions, both in the male and female sections. The new buildings are suitable for the less troublesome patients, although the provision of single rooms enables us to accommodate many who are unfit to sleep in dormitories. The detached houses are more cheerful and more tastefully equipped than the wards in the main building. A house is always more homely and comfortable than the usual type of ward. The results of occupation have been exceedingly pleasing. The patients feel more free and are happier. Therefore they are cheerful and certainly repay by improved behaviour the effort to give them better surroundings and freedom from the unhappy incidents inseparable from large noisy wards. The girl whose only seat is a bench against a wall cannot possibly be so contented as the girl who can claim a chair of her own. A bench may accommodate large numbers in a small space, but the advantages are entirely lost in the irritations of the close proximity of other elbows, and taking the results as a whole, meagre furnishing and grey walls are less economical. It is not suggested that palatial surroundings are required or that, if provided, they will produce perfect behaviour; but, nevertheless, chairs in which tired limbs and bodies can find some ease are necessary to peace and contentment of mind. The child whose early life has been spent on soap boxes must appreciate the comforts of even the cheapest windsor chair.

Staff.—The selection and training of staff is a task to which we have given much time and thought. The mental equipment of new candidates is so difficult to judge from interviews and examinations that a period of trial is the only possible way in which the aptitude for this special work can be estimated. We have been fortunate in securing the services of many excellent male and female nurses, although, of the latter, suitable candidates are not always available.

During the year nine female and eleven male nurses have passed the final examination of the Royal Medico-Psychological Association in the nursing of the mentally defective, and every member of the nursing staff who is eligible has now secured this qualification.

The permanent staff have given most satisfactory service, and I am glad to record my appreciation of their efforts to solve many difficulties that have arisen in the care and control of our more trying patients.

Individual members and the staff as a whole have contributed very largely to the entertainment of the boys and girls, and whether this help has been given privately or through the Staff Recreation Club, I wish to thank them for it.

The Staff Club has had a most successful year, the trading turnover exceeding £5,500. The Hockey, Tennis, Cricket and Football Clubs run in association with the parent Club have provided excellent exercise and entertainment for both patients and staff. Classes for physical drill for nurses have been well attended and the gymnasium has been available several nights weekly for the use of the male staff.

I regret that two nurses have been forced to take long periods of leave on account of protracted illness. The number of days lost through illness during the year for the whole staff amount to 717, almost entirely due to epidemics of Influenza; but in no case, other than the two given above, has the illness been prolonged or serious.

The sleeping accommodation for both male and female nurses is being extended as required. I am hopeful that our Staff Recreation Club house will, when circumstances permit, be enlarged to meet the needs of the increasing numbers of those who rely on the Club for shelter and entertainment during their hours of leisure.

(2) Warwick.

The following information has been received from Mrs. Newsome, the Superintendent of the State Institution at Warwick :—

Number of patients, January 1st, 1929—

In residence	—	—	—	—	—	—	—	43
On licence	—	—	—	—	—	—	—	6
In daily service from Hostel	—	—	—	—	—	—	—	11
Admissions during 1928	—	—	—	—	—	—	—	8
Discharged	—	—	—	—	—	—	—	0
Transferred—								
To Rampton	—	—	—	—	—	—	—	5
To Certified Institutions	—	—	—	—	—	—	—	2
To Poor Law Institutions	—	—	—	—	—	—	—	1
To Guardianship	—	—	—	—	—	—	—	1
Granted Licence—								
To situations (domestic service)	—	—	—	—	—	—	—	2
To care of parents and relations	—	—	—	—	—	—	—	5
To Hospital (for operation)	—	—	—	—	—	—	—	1
Holiday Leave for Hostel Patients—								
To parents	—	—	—	—	—	—	—	2
To Leigh-on-Sea	—	—	—	—	—	—	—	6
Escaped (whilst on licence) and recaptured	—	—	—	—	—	—	—	1
Daily workers from Hostel during 1928	—	—	—	—	—	—	—	13

The accommodation available at Warwick forms part of the old Prison buildings ; 37 beds are provided in the Inebriates' block and 13, for the more hopeful cases, in the Hostel, which was the Chaplain's House.

The institution was opened in 1923 to alleviate the pressure of accommodation at Rampton and also to endeavour, by better classification and individual training, to fit some improvable cases for daily work from the Hostel or for transfer to other institutions.

It will be seen from the figures given above that this aim has been fulfilled to the extent of having sent 13 girls out to work from the Hostel during the year and two on licence to domestic service and of having transferred three to other institutions and one to guardianship.

One of the difficulties experienced has been a lack of improvable cases suitable for Hostel treatment. During the past two years the women transferred from Rampton have been of a much lower grade mentality and are many of them permanently unfit for promotion to the Hostel. This, combined with the fact that cases from a State Institution are not welcome in Colonies for the mentally defective, and that they cannot be suitably cared for and controlled in the smaller Certified Institutions and Poor Law Institutions, makes their transfer after their violent and dangerous tendencies have subsided, a matter of great difficulty, and accounts for the small number of transfers and admissions during the year.

The majority of girls in the institution are employed in cleaning and housework until 10 a.m. ; then they go to their respective departments, either laundry, kitchen, nurses' and patients' messrooms, workroom, stores, garden, nurses' quarters and Hostel.

The girls on the garden are trusted to a great extent and this they much appreciate ; during the year they have kept the institution supplied with potatoes, green vegetables and flowers. In the laundry, in addition to the institution work, laundry work is undertaken for a number of outside private customers. Six girls and a nurse in mufti fetch and return the outside laundry ; this usually means two journeys to the town on Mondays and Fridays, which they all enjoy in turn.

All institutional clothing, staff uniform, etc., are made in the work-room, as well as cane and raffia work, stencilling, appliqué work, crocheting, leather and fancywork, rug-making and knitting. The type of case sent to the work-room, however, is a handicap to the output of work. The majority either need constant supervision or are there for a period during stabilization after having been in trouble.

Our weekly programme for amusements, with variations, is as follows : Monday, free evening ; Tuesday, cinema in the town (for which the manager very kindly allows us free seats for twelve patients) ; Wednesday, country dancing ; Thursday, wireless (late evening) ; Friday, a dance and games ; Saturday, netball ; Sunday, church and a walk. Once a month the girls are allowed to go shopping in the town. During the summer months, tennis is substituted for netball and country dancing and we also have concerts, whist drives, dances and picnics. Several patients were again asked out this year to give their Christmas entertainment at St. Mary's Hall in Warwick, and thanks are due to the nursing staff for all their valuable and tactful help in providing recreations for these difficult patients.

The Chaplain's house was opened in 1925 for girls who have sufficiently improved both in conduct and work to justify a trial being given them in the outside world. These selected cases are drafted from the institution to the Hostel for a further period of trial and individual training and as soon as they are considered fit they are sent out to daily service in carefully chosen situations. These girls are allowed to go to work alone, signing as they go in and out of the Hostel ; their off-duty time is arranged for by the Matron and they go out in threes to the cinema, for walks and to church.

The daily workers earn from 6s. to 15s. per week according to their capabilities, and 6d. an hour for odd hours. Mistresses state that the girls on the whole are hard workers, but, owing to their lack of control and instability, the work is of uncertain quantity and quality. On one day they do very much more than a normal maid, whereas another day they seem unable to collect themselves and need constant supervision, which, if given, they resent, do still less and become irritated and difficult. Most girls prefer daily service to being on licence because the monotony of private service after institution life palls ; they have no daily opportunity for airing their grievances and they miss their free evenings of sociable recreation. Twelve new situations have been accepted during the year.

The holiday leave is a great success and was again this year granted to girls who had been out working for one year. Eight girls enjoyed the privilege ; two went to the care of their parents and six travelled alone to Leigh-on-Sea, where arrangements were made for their care. They defrayed their own expenses and they all enjoyed their holiday and much appreciated being allowed to travel alone and stay in a normal household.

All patients and staff were vaccinated owing to an outbreak of small-pox in the near vicinity of the institution. Apart from colds and the usual minor ailments their health has been good.

12. CERTIFIED INSTITUTIONS.*

On 1st January last there were 87 Certified Institutions with certified accommodation for 14,810 cases under the Mental Deficiency Act.

Admissions.—The admissions to these institutions during 1928 numbered 1,923, an increase of 53 on the number admitted during 1927. The percentage sex distribution of the admissions was males 52 ; females 48. There were on 1st January, 1,806 cases

* A Certified Institution is one certified by the Board of Control under Section 36 for the reception of defectives.

awaiting removal to institutions, an increase during the year of 327.

Discharges.—The patients discharged or transferred during the year numbered 953, an increase of 26 on the number for 1927. It should be noted that most of these are transfers, or Poor Law and other cases not dealt with under the Mental Deficiency Act, and that only a small proportion of them are absolute discharges of cases dealt with under the Act. The discharges and transfers were 7 per cent. of the average population of these institutions, the same as in 1927.

Deaths.—These during 1928 numbered 201, being 1·4 per cent. of the daily average number of patients resident, the same rate as for 1927. Forty-nine deaths, over 24 per cent. of the total, were due to tuberculous disease in all forms, while a similar number were due to pneumonia.

Under Care on 1st January, 1929.—The changes during 1928 detailed above—admissions, discharges and deaths—resulted in a population of 14,840 in certified institutions on 1st January, 1929, an increase of 741 during the year. The distribution of these cases—according to the conditions under which they were received—is as follows :—

—	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Act — — — —	6,381	6,618	12,999
Received outside the provisions of the Mental Deficiency Act :—			
Sent by Local Education Authorities —	384	301	685
Sent under the Children Act, 1908 —	57	44	101
Sent by Poor Law Authorities — —	377	549	926
Sent by Relatives or others — — —	30	99	129
Total — — — —	7,229	7,611	14,840

It is again evident that the proportion of patients in certified institutions who are sent there under the provisions of the Mental Deficiency Act, as compared with the proportion sent by Boards of Guardians or others, *i.e.*, outside the Act, is steadily increasing :—

Year. (1st Jan.)	Under the provi- sions of the Act.	Outside the Act.	Total.	Percentage under the Act.
1918	4,242	2,147	6,389	66·4
1919	4,493	2,084	6,577	68·3
1920	5,063	1,948	7,011	72·2
1921	5,551	1,870	7,421	74·8
1922	6,574	1,939	8,513	77·2
1923	7,891	2,126	10,017	78·8
1924	8,955	2,089	11,044	81·1
1925	9,981	2,134	12,115	82·4
1926	10,706	2,060	12,766	83·9
1927	11,330	2,012	13,342	84·9
1928	12,197	1,902	14,099	86·5
1929	12,999	1,841	14,840	87·6

13. CERTIFIED HOUSES.*

On January 1st, 1929, there were 273 persons under care in certified houses—admitted under the following conditions :—

	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Act — — — — —	112	134	246
Received outside the provisions of the Mental Deficiency Act :—			
Sent by Poor Law Authorities — —	—	12	12
Sent by Relatives or Others— —	5	10	15
Total — — — —	117	156	273

The above figures show a decrease of six patients in these houses during the year. All cases received under the Mental Deficiency Act (except 20 cases under Order) were “placed” under section 3.

14. APPROVED HOMES.†

Number of Patients on 1st January, 1929.

	Males.	Females.	Total.
Sent by Poor Law Authorities — —	51	74	125
Sent by Local Authorities — —	2	6	8
Sent by Relatives or Others — —	189	143	332
Total — — — —	242	223	465

On 1st January, 1929, there was 24 of these homes in existence, with total accommodation for 526 patients, and the numbers under care showed an increase of 9 on the preceding year.

* A Certified House is one in which defectives are received by the owner thereof for his private profit, and in respect of which a certificate has been granted by the Board of Control under Section 49.

† An Approved Home is one in which defectives are received and supported wholly or partly by voluntary contributions or for private profit, and in respect of which approval has been granted by the Board of Control under Section 50.

15. DEFECTIVES UNDER GUARDIANSHIP AND IN PRIVATE CARE (Sec. 51).

The following table shows the changes that have taken place during the past year among the mentally defective patients residing under guardianship and in private care :—

							Males.	Females.	Total.
Number on 1st January, 1928—									
Under Orders	—	—	—	—	—	—	494	641	1,135
“Placed” (Section 3)	—	—	—	—	—	—	17	17	34
Notified (Section 51)	—	—	—	—	—	—	89	99	188
							600	757	1,357
Admissions (including cases admitted from institutional care)	—	—	—	—	—	—	224	209	433
Discharges (including removals to institutions under Varying Order)	—	—	—	—	—	—	73	94	167
Deaths	—	—	—	—	—	—	10	11	21
Number on 1st January, 1929—									
Under Orders	—	—	—	—	—	—	631	733	1,364
“Placed” (Section 3)	—	—	—	—	—	—	19	18	37
Notified (Section 51)	—	—	—	—	—	—	91	110	201
Total							741	861	1,602

As compared with the previous year, there was an increase of 229 in the cases under Orders, of 3 in the “placed” cases, and of 13 in the “notified” cases, making a total increase of 245.

16. MENTAL DEFECTIVES IN POOR LAW INSTITUTIONS.*

The number of defectives dealt with under the Mental Deficiency Act, 1913, who were in Poor Law Institutions, approved under Section 37, on 1st January, 1929, is shown in the subjoined Table :—

					Males.	Females.	Total.
Under “Orders”	—	—	—	—	3,433	4,271	7,704
“Placed” (Section 3)	—	—	—	—	64	76	140
Total					3,497	4,347	7,844

* The numbers of insane persons in Poor Law Institutions will be found on page 36.

These 7,844 patients were distributed as follow :—

(a) In Poor Law Institutions	—	—	—	—	—	4,006
(b) In Special Poor Law Institutions, i.e., Seafield House, Great Barr Park, Birmingham Certified Institution (Monyhull Colony and Erdington) and Prudhoe Hall and ancillary premises	—	—	—	—	—	1,301
(c) In the Metropolitan Asylums Board Certified Institution	—	—	—	—	—	2,537

17. CENTRAL ASSOCIATION FOR MENTAL WELFARE.

We understand that the records of the central office now contain particulars of 39,913 defectives who have been helped and advised either directly by the Central Association or by the Local Associations; a very considerable proportion of these are cases who for one reason or another cannot be dealt with by any statutory body, and are therefore dependent upon voluntary effort for care and training. The number of applications to the central office continues to increase, and in the year ended December 31st, 1928, a total number of 843 defectives were dealt with by the case department, an increase of 143 over the previous year. Difficulty in securing accommodation for low grade cases continues, but vacancies can generally be found in suitable homes for those defectives whose relatives or friends are able to pay for their care.

The special organizing grant of £400 made by our Board has enabled the Association to retain the services of a travelling organizer, and good work has been done in five areas :—

Southampton—where the work begun in the previous year was consolidated, a Mental Welfare Association formed and a permanent secretary appointed. Darlington—where preliminary work had also been done in late 1927. The organizer returned for a time in April, 1928, a Mental Welfare Association was formed and a permanent secretary appointed. Sunderland—where work had been carried out, with apparently little result in 1927. In March, 1928, the Borough Council decided to adopt the Organizer's scheme and to make grants as suggested. Owing to the organizer's work in another county, she could return to Sunderland for a short time only and the actual formation of the Association was carried out by another Central Association worker, who remained in Sunderland until a permanent secretary was appointed. Leicestershire—where work was started in May, 1928, at the request of the Local Authority. A Mental Welfare Association has been formed, with a permanent secretary and extremely good work is being done. Oxfordshire—where work was initiated at the request of the Rural Community Council, with permission of the Local Authority. Organizing work is still being carried on and it is hoped that the co-operation of the Local Authority will be secured as the value of the work becomes evident.

In the case of the four areas in which a permanent secretary has been appointed, the social worker selected was given a specialized training in mental welfare work by the Central Association; the training consisted of:—

- (a) An intensive training at the central office.
- (b) A period of practical work with a Local Association.
- (c) A period of work in the secretary's own area under the supervision of the Central Association organizer.

The educational work of the Association has continued, and is one of the most important branches of its work. The number of applications for the various training courses shows no signs of decreasing, and with the extension of training and occupational centres the demand for skilled mental welfare workers will increase. The following courses were held in 1928:—

- (i) Two short courses, each of three weeks' duration for teachers, in Leicester (42 students) and London (46 students).
- (ii) A long course for teachers, in London (May to July) (28 students).
- (iii) A week's course for medical practitioners, held in co-operation with the Extension Board of the University of London (47 students).
- (iv) A week's course for social workers, in London (39 students).
- (v) A three weeks' course for supervisors of occupation Centres, attendants in institutions and enquiry officers, in London (31 students).

In addition a number of social workers have been given specialized training and coaching at the central office and at the Occupation Centres.

The Agnes Western Centre has continued as a full-time Centre, and has been much used in connection with the various training courses. The employment class for older boys has done excellent work and showed a small profit.

Negotiations were completed late in 1928, whereby the Middlesex County Council pay a grant of £2,094 per annum to the Central Association in return for the organization of Occupation Centres and Home Teaching in the County. Four flourishing Centres have already been established, and a fifth will shortly be opened; a travelling home teacher has also been appointed, and began work on June 1st. The internal management of the Centres is in the hands of Local Committees, but the administration of the grant is carried out by a special Committee of the Central Association, strengthened by representatives from the Middlesex County Council and the Local Centre Committees.

The guardianship scheme has been furthered by the appointment of an assistant guardianship officer, and by March, 1929, a total number of 83 cases had been placed.

During 1928 the occupational organizer visited one mental Hospital, 7 Institutions approved under section 37 of the Mental

Deficiency Act, and one Certified Institution, and at January 1st, 1929, was fully booked until the end of July. She also gave lectures and assisted at the course for supervisors in September, 1928, mentioned previously. In addition to training the staffs of the institutions, the occupational organizer draws up schemes of work and gives lectures on the general principles of training.

Local Associations.

These continue to do excellent work. The following brief accounts of the work of three of them during 1928 may be taken as representative:—

(1) *Devon*.—The work of this County Association has developed steadily, but is greatly hampered by the insufficiency of institutional accommodation for defectives.

The routine work of training and supervision has continued, and the guardianship work has made rapid strides. This scheme is being made use of by an increasing number of out-county authorities. The yearly grant of £100 made by the Local Authority has been repaid several times over in the amount of fees saved in respect of defectives who would otherwise have remained in institutions. £95 has been received in fees for individual cases from out-county authorities.

(2) *Lancashire*.—For the purpose of assisting in the administration of the Mental Deficiency Acts, Associations have been organized in Lancashire, and they carry out such duties under the Mental Deficiency Acts as may be required of them by the Lancashire Mental Deficiency Acts Committee, which include the ascertainment and supervision of defectives. In addition, they have organized 23 Occupation Centres and supply voluntary supervision for defectives who do not come within the purview of the Mental Deficiency Acts. Many thousands of defectives have been referred to these Associations and visited by them during the year.

(3) *London*.—This Association was set up in 1914 for assisting in the administration of the Mental Deficiency Act. They undertake certain duties of supervision for the London County Council, besides enquiring into home circumstances of defectives in institutions whose orders are due for renewal.

They conduct eight Occupation Centres which provide 255 places for low grade children under 16 years of age. They propose in 1929 to develop still further this side of the work by the provision of two additional Occupation Centres, two classes for elder girls (over 16) and young women, and two Craft Centres for boys (16—18).

They also undertake for the Ministry of Labour the placing in employment and after-care of children who have attended Special Schools.

The total number of cases dealt with by the Association in 1928 was over 9,000.

III. GENERAL.

1. PROSECUTIONS.

The following prosecution, undertaken under our Order, resulted in a conviction of one of the defendants :

R. v. William Brailey, Mary Jane Brailey and Effie Maud Helen Varcoe.—The defendants were charged at the Borough Police Court, Barnstaple, on 15th November, 1928, with taking charge for payment in an unlicensed house of a lunatic or alleged lunatic, contrary to the provisions of section 315 (1) of the Lunacy Act, 1890, and the defendant Effie Maud Helen Varcoe was also charged under section 5 of the Summary Jurisdiction Act with aiding and abetting in the commission of the alleged offence.

The defendants were also charged under two summonses with obstructing a person in the execution of an Order, under the hand of the Lord Chancellor, to visit and examine the alleged lunatic and to inspect and enquire into the state of the place wherein the alleged lunatic was, in contravention of the provisions of section 321 (2) of the said Act.

The defendant Mary Jane Brailey pleaded guilty to the first mentioned charge and was dealt with under section 1 (1) of the Probation of Offenders Act, 1907, and the charge dismissed. The charge against her under section 321 (2) of the said Act was also dismissed.

The defendant Effie Maud Helen Varcoe pleaded guilty to the charge of aiding and abetting and to the charges of obstruction and was fined £2 on the first charge and £4 and £4 on the charges of obstruction and she was also ordered to pay the out-of-pocket expenses of the witnesses.

The charges against William Brailey were withdrawn.

Two prosecutions for offences under the Mental Deficiency Act, 1913, resulted in convictions.

R. v. Andrew Ross.—The defendant was on the 29th February, 1928, convicted at the York Assizes of an offence under section 56 (a) of the Mental Deficiency Act, 1913, and sentenced to 15 months' imprisonment.

R. v. Mary Ann Saville.—The defendant was convicted at the Oxted Petty Sessional Court on the 3rd of September, 1928, of knowingly assisting one, J. S., a patient at The Metropolitan Asylums Board Certified Institution, Caterham, to escape therefrom contrary to the provisions of section 53 of the Mental Deficiency Act, 1913, and was sentenced to two months' imprisonment in the second division.

2. ENCEPHALITIS LETHARGICA.

Admissions to Mental Hospitals and Institutions for Mental Defectives, associated with this disease in its acute or later forms,

are indicated in the following table, which shows the comparative figures for the last three years, together with the grouped figures for the years 1918-25 :—

Ages.	1918-1925.		1926.		1927.		1928.	
	Mental Hospitals.	M.D. Institutions.	Mental Hospitals.	M.D. Institutions.	Mental Hospitals.	M.D. Institutions.	Mental Hospitals.	M.D. Institutions.
16 and under	39	54	36	47	47	32	25	38
17-21	36	13	32	19	61	14	46	21
Over 21	39	11	54	4	103	3	93	6
All ages	114	78	122	70	211	49	164	65

The total number of patients admitted during 1928 to institutions of both kinds shows a reduction of 31 on the corresponding figure for 1927. The number admitted under the Lunacy Acts to Mental Hospitals is less by 47; but, owing largely to the facilities provided by the Mental Deficiency (Amendment) Act of 1927, there have been 16 more admissions to institutions for defectives in 1928 than in the previous year.

Deaths associated with this disease numbered 32 during the year under review, equally distributed between men and women in the mental hospitals; in mental deficiency institutions there was one death. From the former hospitals, 2 males and 9 females were discharged *recovered* and 5 males and 6 females were discharged *relieved*. Three of these discharges were subsequently re-admitted. The three males and one female discharged *not improved* were all later re-admitted.

All the patients discharged *recovered* during 1928 were comparatively recent admissions; that is, they had had only a few months' stay in the hospital. In a small number of cases the history of the acute attack of encephalitis dated back several years. The proportion of recoveries among patients whose mental disorder is associated with this disease is seen to be very small.

Experience abroad confirms observations in this country that most of these unfortunate patients permanently require institutional care which, particularly in the case of juveniles and adolescents, should afford provision for occupation in suitable handicrafts and, in certain cases, for remedial exercises.

3. RESEARCH.

Included in Part II of our Report is a Supplement setting out contributions which we have received, descriptive of clinical and pathological research and routine laboratory work carried out, during 1928, in institutions which we visit; there are also included references to papers, some of which are epitomized, communicated at medical meetings by members of their staffs.

These communications have been sent to us from 24 of the 99 County and Borough Mental Hospitals, from two of the fourteen Registered Hospitals, and from one Institution for mental defectives. This is a slight but welcome increase in the proportion of institutions thus contributing; and, when classified, it is seen that, exclusive of accounts and summaries of routine laboratory work, these contributions, between 70 and 80 in number, represent much thought and serious work which is highly creditable to those concerned. Some of this work proclaims its own importance, and all of it, in so far as it is the fruit of accurate direct observation, will find its appropriate place in the gradually accumulating knowledge of a difficult subject. Some of it is suggestive and healthily provocative, suggesting either counter-argument or further inquiry: such, for example, are the papers on Mongolism, Acute Dementia Præcox, and Type Psychology.

At least a dozen or more of the contributions are biochemical in nature, most of them relating to test reactions, largely but not entirely of the blood and cerebro-spinal fluid, as aids to diagnosis. Some of these tests relate to General Paralysis and other conditions with a syphilitic relationship; others may prove of high value in the differential diagnosis between the various psychoses. Two of them (from Whittingham and Hellingly) relate to the diagnosis of Tuberculosis, a subject of peculiar importance to a mental hospital community. The most elaborate of these biochemical reports are those which come from the Maudsley Hospital and Cardiff. The former concerns the pathology of Schizophrenia and relates certain of its phenomena to a depression of the respiratory centre, which is possibly one sign of a general depression of the activity of the central nervous system. That from Cardiff concludes the series of reports of much painstaking work in the laboratories there which, for a number of years, have been annually furnished by Lt.-Col. E. Goodall.

Epilepsy is the subject of six reports. They encourage hope—especially the report from Claybury—that a more determined effort may be made to lift this condition, or collection of conditions, from the category of maladies to which a notion of more or less hopelessness attaches. It is assuredly one which is in urgent need of much greater co-ordinated inquiry and research, and in which success would bring relief to an appre-

ciable, but hitherto never adequately estimated, proportion of the community.

Encephalitis Lethargica, though its incidence has become far less alarming, presents in its consequences, as well as in its early stage, opportunity for study from which information may emerge of high value, both direct and indirect. Six communications are concerned with this disease. One has special reference to the interesting phenomenon known as the Oculogyric crisis; it is from West Park, at which is the laboratory and treatment unit organized for the study and treatment of this disease in cases associated with mental disorder and mental defect.

General Paralysis, especially with respect to its treatment by induced malaria, is a topic that rightly continues to receive much attention. Of the twelve or more references to it, those from the Maudsley Hospital, Bexley, and Wakefield are of particular value, dealing as they do with histological observations in cases which have been subjected to malarial treatment. In recovered or quasi-recovered cases, in which death occurs either from an apparent recrudescence of the disease or—and of still more service for study—from some other than cerebral malady, it seems to us peculiarly desirable that, by an adequately co-ordinated effort, advantage should be taken of such opportunity to ascertain what have been the physical effects of malarial treatment; and that such examinations should be made by those whose findings can be accepted as authoritative. Much light probably might be thrown thereby on a number of problems in need of solution. It is noteworthy that the ward at Horton which forms part of the special unit for the treatment of General Paralysis has been full throughout the year. From this hospital comes a note as to the type of case in which quartan malaria may be of more service than the benign tertian variety; and, from Banstead, the results—on the whole unfavourable—of trials of substitutes for malarial treatment.

A single report (from Macclesfield) contains observations upon Suicide; it is a subject which, in the public interest and from the sociological as well as medical aspect, deserves research from a different angle than that from which it at intervals has hitherto received attention. We are glad to know that it is under the consideration of the Medical Research Council.

This Council, as mentioned in our introductory remarks, has in view the institution of further research into Actinotherapy and other forms of light treatment and the opportunity which mental hospitals offer in this relation. References in our Supplement to the possibilities which this line of treatment presents come from Birmingham, Horton, Lancaster, and notably from Macclesfield. Notes as to the use of other special forms of treatment are supplied from Horton, Lancaster and St. Andrew's Hospitals. The report from the last-named of these places is of peculiarly stimulating interest. It is satisfactory to learn from it that the important and painstaking observations and work

originated in Scotland by the late Dr. W. Ford Robertson is being continued and brought up-to-date by his son; and still more to see that the high hopes entertained for this liberally equipped treatment centre at St. Andrew's Hospital are in process of unmistakable realization.

The report from Birmingham, both of the work of the City Mental Hospitals and of that done under the Joint Board of Research, lacks nothing of the interest of its predecessors. It illustrates the high value of team work in which that of visiting specialists forms an integral share. The determination to elucidate the part played by local sepsis—especially that which is “closed”—in the production of mental disorder deserves, whichever way it is looked at, every possible encouragement. It is too early to assess it statistically, and it perhaps never can be thus assessed satisfactorily; any attempt to do so will need adequate control figures, including those from cases free from mental symptoms. Besides facts as to sphenoidal sinusitis and involvement of the pituitary gland (also mentioned in the report from Bexley), and besides the deductions drawn from cases in which mental symptoms have followed Influenza, three significant lessons emerge—how completely, in cases with undoubted septic or other physical origin, the mental symptoms may dominate the whole clinical picture; the value of systematic X-ray examinations; and the good, amounting indeed to recovery, that can be effected even in protracted cases of severe mental disorder. While we strongly advocate the adequate separation of recent cases in Admission Hospitals and their ancillary units, we not less strongly disagree with those who refer to so-called chronic cases either as irrecoverable or mostly devoid, and therefore unworthy, of scientific interest. On the contrary, and besides protesting against the grave injustice which such a view tends to beget towards cases of long standing, we believe that in these protracted cases, and in the hands of competent research workers, lies the key to many a problem whose solution often will prevent protraction and will point the way to the wider prevention of mental disorder in its earlier stages.

We desire to take note of the fact that at least 13 of the 26 reporting institutions make mention of no small amount of laboratory work in connection with Dysentery, Enteric, and other intestinal affections. The contribution from Calderstones—especially welcome because it encourages hope that laboratory investigations will form soon an integral part of the medical work at mental deficiency institutions—is concerned wholly with these subjects. The report from Wakefield contains their Tenth Post-War Report upon “Asylum Dysentery” and allied infections. This series of reports of work, largely pioneer in character, carried out by Professor Bolton and Dr. M. J. McGrath, has been, and remains, of invaluable help to other hospitals determined to stamp out any endemic existence of these disorders. To neglect this work might expose a hospital to opprobrium; but, commendable

and imperatively necessary as it indeed is, it is impossible not to fear that time for much needed psychiatric research is liable to be sacrificed thereby. Comfort may be taken that sometimes information does emerge which is of at least indirect service to such research; but it would be nevertheless more satisfactory if arrangements could be made so that the two lines of investigation, hygienic and psychiatric, might be kept apart, so that the necessities of the former when they arise shall not be permitted to interrupt the latter.

Some of the contributions relate to the findings in some single case deemed to be of interest. While they do not always profess to be of striking importance, we welcome them. This allusion to them is because we desire to appeal to the medical staffs of those institutions from which contributions to our Supplement are seldom or never forthcoming. It can scarcely happen at any hospital—especially if it possesses a laboratory—that, in the course of a year, no case arises of interest and worth writing up for publication. If, therefore, each hospital would contribute yearly at least one such case, not only would facts of value for reference and future synthesis accumulate, but we are convinced that the writers would find themselves benefited and would be led on to undertake more comprehensive work.

Additional Medical Commissioner.—For several years past the number of paid legal and medical Commissioners has been less than it was before the Mental Deficiency Act of 1913 came into force. Much of the heavy increase in statutory visitation that has taken place since then has been overtaken by our Board's Inspectors. While additions from time to time have been made in their number, it has proved impossible, without danger to health and to the work itself, to overtake increases in the visits and other work which require to be done by Commissioners. To relieve the position, sanction was accordingly obtained to the temporary appointment of an additional medical Commissioner. Pursuant thereto, His Majesty, on the recommendation of the Minister of Health, appointed as from the 1st of July, 1929, Bedford Pierce, Esq., M.D.Lond., F.R.C.P., who was previously Medical Superintendent of The York Retreat and was also a member of the 1922 Departmental Committee on Mental Hospital Administration. Dr. Bedford Pierce's wide knowledge and experience in psychological medicine render his appointment a matter of much satisfaction to us.

Death of Dr. Robert Welsh Branthwaite, C.B.—With deep regret we learned of the death on the 2nd of June, at his home at Bristol, of our former colleague, Dr. Branthwaite.

Of his forty-seven years of public service the greater part was spent in two Departments of the State. From his early days as

a member of the medical staff of the Chester County Mental Hospital at Parkside to their close, whilst still actively employed as Director of Medical Services at Stoke Park Colony, our late colleague admirably fulfilled the high ideals of his profession and revealed qualities of mind and heart which at once proved of signal benefit to the public, strengthened the departments to which he belonged, and endeared him to his colleagues.

Two years ago, in our Thirteenth Annual Report, we took occasion on his retirement under the age limit to place on record the Board's appreciation of his many public services, his unsparing devotion to duty, proved capacity and active interest in all branches of our work, which, with his personal attributes, made his removal severely felt.

On retiring from our Board, Dr. Branthwaite placed himself at the service of the important Colony for the care, treatment and training of the mentally defective at Stoke Park, Bristol, where, although his time was short, he accomplished much; and here the loss of a Medical Director of his distinction, vision and personality will long be felt, even if, as we believe, his influence and the plans he laid so well will still endure.

By Order of the Board,

(Signed) L. G. BROCK,

Chairman.

(Signed) O. E. DICKINSON,

Secretary.

26th June, 1929.

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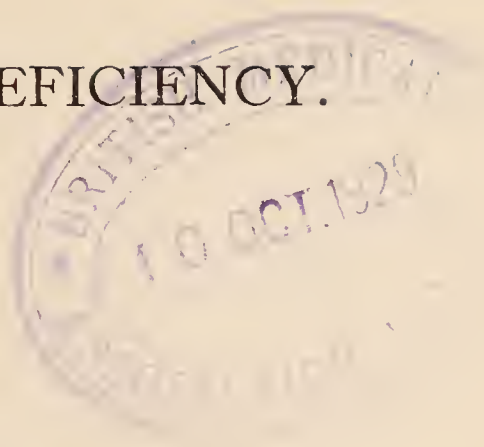
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LUNACY AND MENTAL DEFICIENCY.



THE
FIFTEENTH ANNUAL REPORT
OF
THE BOARD OF CONTROL
FOR THE YEAR 1928.

PART II

(Presented pursuant to Act of Parliament.)

LONDON

PUBLISHED BY HIS MAJESTY'S STATIONERY OFFICE.

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I.—THE JOINT BOARD OF RESEARCH FOR MENTAL DISEASES (CITY AND UNIVERSITY OF BIRMINGHAM).

A.—*General Report.*—By DR. F. A. PICKWORTH, B.Sc., M.B., Laboratory Director.

General.

Work during the past year has centred round chronic infections of the nasal sinuses and intestinal tract; and an endeavour is being made to correlate the findings with disturbed pituitary gland, consequent endocrine imbalance and local damage to brain tissue, especially in the mid-brain. A good deal of further work has been done on the agglutination reaction; a number of basal metabolic rate determinations have been made at night during sleep; the differential fat analysis of adrenals and gonads has been completed and published. New work includes the determination of oxygen content of blood and the chloride content of the c.s.f. In conjunction with Dr. McCutcheon, of Monyhull Colony, the Wassermann and Widal reactions of 176 mentally defective children have been investigated. A number of cases of experimentally produced sinusitis in animals have been studied.

Laboratory work includes the examination of 4,350 specimens; 2,775 of these are from Hollymoor and Rubery, 588 from the Monyhull Colony, 484 from Winson Green, and 93 from other hospitals. There have been 53 post-mortem examinations in the three mental hospitals.

Bacteriological.

Of 328 examinations of fæces and urine we have recovered two typical and one atypical dysentery Y organisms. Also on 15 occasions we have found Salmonella organisms differing only by non-agglutination or some minor point from pathogenic para-typhoid organisms. B. Friedlander has occurred 29 times and B. fæces alkaligenes, B. alkalescens and B. proteus each four times. Specimens (including swabs and controls), 790 in number, have been examined from 73 cases of suspected nasal sinusitis as part of the research on nasal sinus bacteriology: 68/104 sphenoids, 60/97 ethmoids, 68/90 antra gave organisms, the remainder being sterile. Staphylococcus albus and aureus totalled 103; B. Hofmann was present in no less than 52 instances, the intestinal type of organism (gram negative coliform bacteria) was found in 37, and streptococci in 73.

Other bacteriological work includes examination of post-mortem material, colon wash-outs, cervix swabs, throat swabs for K.L.B., sputa, and the preparation of vaccines.

As in previous years, a large proportion of new admissions give positive agglutination to the para-typhoid group of organisms. Of a total of 877 Widal examinations, 243 were positive. Of 549 new admissions, 112 gave positive results, i.e., 20.4 per cent. Since it has been shown that the

agglutination titre disappears more rapidly in mental patients than normal, the above figures indicate even more strongly the importance of gastro-intestinal infection in the early stages of mental disorder, and therefore in the etiology of mental disease. Of 176 specimens from the Monyhull Colony, 30 gave a positive, i.e., 17 per cent., which points to a possible etiological relationship of gastro-intestinal infection in early life to Mental Deficiency. Repeat examinations show an extraordinary variation in the quantitative titre. One case of Gaertner infection agglutinins remained high on each of 18 occasions examined, 16 positives remained positive on subsequent examinations, 33 positives became negative, and 7 originally negative became positive.

Of a total of 968 Wassermann tests, 217 were positive. Of these, 5/167 blood Wassermann tests were from the Monyhull Colony; this gives a figure of 3 per cent., which is very low in comparison with the very varied published results for mental defectives.

Histological.

As has previously been reported, about half the number of sphenoidal sinuses examined post-mortem show gross macroscopic inflammatory changes of the mucosa (22/51). A number (7) of these also show gross macroscopic changes of the pituitary gland. Routine work includes the examination of 59 specimens of diseased tonsils, polypi and sinus mucosa removed at operations for drainage; 18 blood counts have been made, and 124 specimens of c.s.f. have been examined cytologically to assist the correlation of changes in the permeability of the brain membranes and to follow the results of treatment. A number of specimens of stomach-wall have been collected to demonstrate the naked-eye changes so often found in cases of mental disorder, and which, especially in the multiple hæmorrhagic (leopard's skin) type, are associated with vascular infection by organisms such as gram positive diplococci.

Our Museum collection of mounted specimens now consists of 42 sphenoidal sinusitis and pituitary abnormalities, 3 frontal sinusitis, 20 experimental sinusitis in animals (13 showing atrophy of stomach mucosa), 7 chronic intestinal sepsis, and 13 various hæmorrhagic and tumour conditions of the brain and dura mater. Post-mortem investigation of disease within the skull has been continued and elaborated, many sections of the sphenoidal sinus and mid-brain having been examined for bacterial invasion, as a local extension from diseased mucosa.

Chemical.

The investigation of basal metabolism during sleep has been continued, 21 cases having been examined. Although this has involved much work, we are not yet in a position to give correlation of the findings. The investigation of the permeability of the brain membranes has been continued (199 specimens examined) and supplemented by similar investigations of animals under treatment. A method has been evolved for the estimation of the oxygen content of blood, using an apparatus of the Haldane type, which we have modified for greater sensitivity and use with small quantities of blood. Specimens, 10 of human, and 20 of animal, bloods have so far been investigated. The Fleischl-Meischl hæmoglobinometer has been used to check the hæmoglobin content in each case. The cholesterol content of the blood and differential fat analysis of the adrenals are being investigated in animals following injection of a para-typhoid vaccine. By modifying the technique of existing methods, a satisfactory process of analysis of c.s.f. for chloride requiring only 0.15 cc. of fluid has been evolved, and so far 40 specimens have been examined. The results are as follows (normal 725-750 mgm. per 100 ccs.):—Average of our results (40 specimens), 718. Only one specimen was high (780 mgms.) and 34 were below 725 (lowest, 684). These findings corroborate

the theoretical consideration upon which the research was undertaken, that a low-grade meningitis is very common in mental hospital patients.

Publications.

"Nasal and Oral Focal Sepsis in the Etiology of Gastro-Intestinal and Pulmonary Infective Diseases," by P. Watson-Williams and F. A. Pickworth, *British Medical Journal*, 1928 (June). A Paper read at the meeting of the Bath and Bristol Branch of the British Medical Association at the University of Bristol, March 28th, 1928.

"Sinusitis in the Etiology of Mental Disorder," by T. C. Graves and F. A. Pickworth. *Proceedings Royal Society of Medicine*, 1928, xxi, 45. Paper read at the Royal Society of Medicine, Section of Laryngology, March, 1928; and *Journal of Laryngology and Otology*, August, 1928.

"Variation in Agglutinin Formation in Mental Hospital Patients and its probable relation to Focal Sepsis," by F. A. Pickworth. *Journal Mental Science*, 1928, October. A Paper read at the annual meeting of the Royal Medico-Psychological Association at Wakefield, July, 1928.

"The Fat, Lipin and Cholesterol Constituents of Adrenals and Gonads in cases of Mental Disease," by D. L. Woodhouse. *The Biochemical Journal*, 1928, xxii, 1089.

B.—*Clinical Report*.—By DR. T. C. GRAVES, F.R.C.S., Chief Medical Officer, Birmingham City Mental Hospitals Committee.

General.

Reports are submitted from the Visiting Surgeons in the Dental, Gynæcological, and Ear, Nose and Throat Departments of the Hospital.

The Dental Surgeon draws attention to the relation of dental disease and antral disease. The condition of loosening, apart from destructive disease of the teeth, is being enquired into, as observations have been made elsewhere suggesting this condition is one of endocrine dysfunction analogous, one concludes, to a disorder like osteomalacia.

The Rhinological report contains observations on disease conditions found in the accessory nasal sinuses, which indicate the prevalence of nasal sinusitis in the newly admitted cases. The conditions of sinusitis may be termed "latent," in that the usual symptoms for which a sane patient seeks relief at the hands of a rhinological surgeon are not offered by the mentally disordered patient.

It is only by deduction from investigation along the lines of clinical medicine and psychiatry that the presence of these conditions can be suspected in a person whose mental symptoms so completely dominate the whole clinical picture. It is considered, as a result of clinical observation and pathological research, that these symptoms frequently represent an extension of a chronic infective process which has been in existence long before the acute mental symptoms, necessitating certification, have arisen. A study of a collection of such cases has been followed by an enquiry as to the origin of the chronic infective process; and in some cases it has been possible, by carefully examining the histories, to trace back the beginning of the chronic infective process to an acute infective process such as a measles, scarlet fever, influenza, pneumococcal infection. In such cases, areas of unresolved infection have been left as residua, remaining in what may be termed a "latent" state; and, by their further development, they determine a chain of physical and ultimately mental sequelæ.

The Gynæcological Surgeon reports as to the presence of a variety of diseased conditions. The study of an individual case has been of considerable assistance in showing the importance of a diseased ovary—diseased by reason of a previous infective process—in maintaining periodic relapses in conduct and bodily vigour, in a case where the clinical findings and radiography also suggested a pituitary abnormality.

Four cases have been studied in which *injections of foreign protein* failed to give the normal pyrexial reaction. These four cases all had a demonstrable sphenoidal sinusitis, and they showed in addition other evidences of pituitary disturbance; it is logical to conclude that the septic process had affected the pituitary-hypothalamic region of the brain concerned with the regulation of body temperature.

The value of *Actinotherapy* in the treatment of mental disorder is briefly discussed. It is found that all cases are not benefited alike; and the study of these cases shows that those which have had operative treatment, so that free drainage of infected areas is established, are improved by this mode of treatment.

Publications.

"The Relation of unresolved Infective Processes following Acute Infective Diseases to the Causation of Mental Disorder," by T. C. Graves. A paper read before the Round Table Conference of the Department of Institutions and Agencies at New Jersey, U.S.A., at the State Hospital at Trenton on August 15th, 1928.

"Influenza in Relation to the onset of Acute Psychosis," by T. C. Graves. *The Journal of Neurology and Psychopathology*, 1928, IX. XXXIV, 97.

Dental Department.—*Visiting Surgeon*, Mr. THOMAS YOXALL, M.R.C.S., L.D.S.

All new patients have been examined during the year, with the following results:—

Of 150 male admissions, 111 showed oral sepsis.

Of 186 female admissions, 127 showed oral sepsis.

Of the remainder, the great majority were edentulous, and not more than two per cent. were in possession of teeth that could be marked as perfectly healthy.

These figures are in accord with the findings of previous years, with the exception that more and more conservative dentistry is being found in the mouths of the younger admissions, and must be held at least partly responsible for the increase of focal sepsis in these classes.

All patients have been examined within a few days of admission; and treatment, where necessary, commenced forthwith. It has been found advantageous, in cases where there is a general mouth infection—more particularly streptococcal periodontitis—to give a preliminary course of anti-streptococcal serum.

This often localizes the focus of infection and reduces the systemic effects of surgical treatment.

The relation of antral and dental sepsis has been under observation.

In one case, a left upper bicuspid tooth was erupted obliquely; and, high up in the maxillary alveolar process, there was a small patch of superficial caries at its neck. For prosthetic reasons and to avoid the liability of development of inflammation of the mucosa occurring, this tooth was extracted. At its apex was a very large granulomatous mass, which it was considered could hardly have arisen as a result of the superficial caries. Sinus investigation showed an infected antrum on the left side. It is considered that the apical disease arose from the antral condition, which was of influenzal causation. On the other hand, several cases have been noted during the year of chronic antral disease, which had improved after drainage of the sinus, but which only finally cleared up after removal of the upper bicuspid teeth, which on extraction were diseased.

Continued observation will show whether these bicuspid teeth are responsible for the antral disease more than the first molars, which are usually considered to be the cause of antral disease arising from dental sepsis.

In most cases already seen the first molars had either been removed by myself or in previous years.

The routine procedure is to attend to dental disease and to allow the mouth to settle down before the patient attends the Ear, Nose and Throat department.

Several puerperal cases have come under my notice, and all without exception showed gross oral sepsis.

These cases particularly respond to anti-streptococcal serum and to surgical dental treatment, and all have shown great physical improvement.

Many cases of unerupted and impacted last molars, particularly mandibular, have been disclosed by radiological examination; and suitable treatment has been adopted, with amelioration of symptoms in many instances.

Radiological examination has also been extensively employed for the diagnosis of apical abscesses on root filled or much filled teeth.

Several dental cysts have been seen during the year, but not diagnosed, until shown by radiogram, prior to dental extraction, except in one instance.

No dentigerous cysts have been found.

Ear, Nose and Throat Department.—*Honorary Consulting Surgeon, Mr. E. MUSGRAVE WOODMAN, M.S., F.R.C.S.; Visiting Surgeon, Mr. W. STIRK ADAMS, Ch.B., F.R.C.S.*

During 1928, patients have been examined as soon as possible after admission, and further re-examination and treatment has been afforded to those admitted in past years.

Among the reasons which have led the medical staff to submit cases for examination in this department are:—

- (1) Facts obtained from history pointing to the presence, prior to the attack of mental disorder, of disease in the upper respiratory tract, e.g., frequent colds, sore throats, influenza, neuralgia, headaches, nasal catarrh, etc.
- (2) The presence of obvious disease on clinical examination, e.g., tonsillar disease, pharyngeal inflammation and exudate, otitis media, dental sepsis, septic glossitis.
- (3) The presence, on clinical examination, of ptosis, narrowing of the palpebral fissure, facial inequalities, pupillary inequalities, mouth breathing, tilting of the head to one side, spasm and tremor of facial muscles, immobile facies, myxœdema, exophthalmos, etc.
- (4) The presence of delusions or hallucinations suggestive of peripheral cranial nerve disturbances such as cacoscopia, tinnitus aurium or, and perhaps more rarely, of the admission by the patient of the presence of subjective symptoms, e.g., nasal obstruction or headache.

Of the cases admitted in 1928, septic conditions of the upper air passages were found in 50 per cent.

Accessory sinuses of the Nose.—The presence of diseased states in these cavities was, for the year 1927, reported to be 25 per cent. of the direct admissions.

For the year 1928 these figures are increased.

In 33 per cent. of the male and also of the female direct admissions during the past year, investigation of the nasal sinuses by the Watson-Williams method of puncture and suction of contents was carried out; and also showed definite evidence of infection on the criteria of clinical examination.

These criteria are:—The presence of pus or mucopus on lavage of the cavity, a thickened mucosa or the presence of mucous polypi in the antrum or sphenoidal sinuses.

With bacteriological examination as a criterion, the proportion of sinuses regarded as infected would be greater than 33 per cent. Analyzing the records of 137 cases so examined during 1928, the distribution of the sinus disease was as follows:—

One sinus only involved in 33 cases.					
Two sinuses only involved in 35 cases.					
Three	„	„	„	26	„
Four	„	„	„	26	„
Five	„	„	„	12	„
Six sinuses involved in				5	„

Of these 137 patients, the antra were infected alone or in association with others in 119 cases; the ethmoids alone or in association with others in 80 cases; the sphenoids alone or with other sinuses in 49 cases.

These figures, added to those reported last year, give the following totals—

Analysis of 298 cases (1927-28) examined by the Watson-Williams technique:—

Antra involved alone or with others in 239 cases.					
Ethmoids	„	„	„	186	„
Sphenoids	„	„	„	127	„

Of those examined during 1928, the antra alone were involved in 46 cases, the ethmoids alone in 7, and the sphenoids alone in three cases.

The commoner condition is therefore a multisinusitis or pansinusitis. This also is a common finding at autopsy. When two or more sinuses are involved, it is rare to find the infection confined to one side of the nose; and in two cases only were the sphenoid, ethmoid and antrum diseased on one side and clear on the opposite side. In these two cases the infected side was the left.

The frontal sinuses in selected cases have been examined radiologically, but so far insufficient evidence of infection has been found to justify exploration.

In the course of routine examination of the sinuses at post-mortem here, infection of the frontal sinus has been present on three occasions in a total of 91 examinations.

Changes in the bony walls of the sinuses.—Apart from pathological changes in the mucosa and exudate into the cavity of the sinus, there have again been met with changes in the bony wall.

(1) *Osteosclerosis (or hyperplastic osteitis).*—The ultimate pathology of this change in the toughness of the walls forming these sinuses is unknown. It is suspected that it results from a long-standing infection of mild character acting as an irritative lesion on the bone-forming mechanism. A close analogy occurs in the mastoid antral infections which produce non-development or obliteration of the mastoid air or diploetic cells by a densely hard formation of bone. In all cases of chronic suppurative otitis media with mastoid involvement, which have been operated on here, this sclerosing mastoiditis has been present and is, of course, commonly met with in long-standing mastoid infections. This sclerosing change in the bony wall of the sinuses hampers or frequently prevents surgical treatment. Osteosclerosis was found in the medial wall of the antrum in 14 cases, in the ethmoids in 44, and in the sphenoids in 25 cases of the cases examined during 1928.

On the other hand (2) *Osteoporosis*, or softening of the walls of the sinuses, is occasionally met with. It is suspected that it results from a more acute infection of the bony wall producing a solution of the calcium content of the bone. Osteoporosis was noted in the antrum in 5 cases, in the ethmoids in 18 cases, and in the sphenoid in two cases during this period.

Rhinitis Caseosa.—One case of this condition was found in an elderly female patient. It was cured by lavage.

Waldeyer's Lymphoid Ring.—In the 137 cases, the tonsils were found to be diseased and were removed by dissection in 72 cases. In some cases encapsulated abscesses were present in the substance of the tonsil. In many other dense adhesions between tonsil capsule and the superior constrictor of the pharynx were found, indicating previous peritonsillar infections.

Adenoid vegetations of varying size and in a septic condition were present in 12 cases out of the 137, all of whom were adults.

The Ear.—Chronic suppurative otitis media, in some cases bilateral, was present in 8 cases of the direct admissions for 1928.

The Pharynx.—The majority of cases examined had a septic condition of the wall of the oropharynx, particularly in the region immediately behind the posterior pillar of the fauces.

In a few cases minute scars were present on the surface of the pharynx; in others larger granules of lymphoid tissue were present, indicating a previous chronic septic condition of the pharynx which had largely healed.

Improvement in the condition was obtained by treatment of the infected nasal sinuses responsible for the condition.

Relation of Nasopharyngeal Disease to Mental and Physical Disorders.—Nasopharyngeal disease has been found in association with many varieties of mental disorder occurring in persons with and without psychotic heredity; e.g., in states of delirium, confusion, depression, agitation, exaltation, stupor, hallucinosis, post-encephalitis and puerperal psychosis and in general paralysis.

Some of the physical disturbances include myxœdema following exophthalmic goitre, exophthalmos, ptosis, pericarditis, myocarditis, anæmia, low and high blood pressure, gastropexia, chronic bronchitis, and amenorrhœa.

Gynæcological Department.—Visiting Surgeon, Mr. A. B. DANBY, F.R.C.S., Ed.

The routine examination of patients on admission has, with re-examination of others, been continued during 1928. Of 291 newly admitted patients, in 197 were various pathological conditions present; the remaining 94 were found to show no gross gynæcological disturbances.

The conditions found are classified as follows:—

(a) *Puerperal Conditions.*

(1) *Septic.*—Puerperal Psychosis. Sixteen cases were admitted following child-birth; in all, the gynæcological condition was one of definite sepsis with uterine subinvolution and mucopurulent discharge.

The only serious case in this group was admitted in a state of stupor with a septic condition of the genital tract, bladder and kidneys. Phlegmasia alba dolens developed; but this, with the sepsis of the genital tract, rapidly improved following the use of anti-streptococcal serum. In this case it was evident that the puerperal sepsis was an extension of a pre-existing septic condition of the urinary tract. Mentally, on transfer elsewhere, she had shown no improvement.

(2) *Non-septic.* One case of eclampsia made a good recovery and was discharged. A few cases of psychosis associated with lactation, generally prolonged, were admitted.

(b) *Other Infective Conditions.*—

Acute Infective Conditions.—A few cases which could be clinically diagnosed as Acute Gonorrhœa were met with, but the

Neisserian diplococcus was not definitely isolated on bacteriological examination.

Chronic Infective Conditions.—As in former years, chronic infections of the cervix have composed the largest number of cases seen.

In many of these, in parous women, there was evidence of some associated uterine subinvolution.

Infections of the endocervix in nulliparæ were again prominent, and cases associated with senile vaginitis were frequently met with.

Treatment of infective conditions was by local applications similar to those previously described.

In the majority of these cases, where cauterization of the cervix has been carried out, there has resulted a permanent cure of the local conditions. Although the time required for this treatment, as compared with other operative procedure, is longer, it avoids the administration of a general anæsthetic, and the ultimate results compare favourably with those of operation.

(c) *Non-infectious Conditions.*—

A number of cases of uterine displacement have been corrected and Hodge pessaries inserted.

Various other gynæcological conditions, such as prolapse of the ovary, cervical polypi, infantile and other maldevelopment conditions of the uterus and vagina, and uterine fibromyomata, have been met with.

Other operative procedures included ovariectomy for twisted ovarian cysts, hysterectomy for fibromyomata, evacuation of the uterus in two cases, diagnostic curettage for uterine hæmorrhage and removal of cervical polypi.

Actinotherapy. By Dr. T. C. GRAVES, F.R.C.S.

A number of cases of mental disorder have been afforded treatment by ultra-violet light on a graduated scale, using K.B.B. mercury vapour lamps.

The normal subjective reactions have frequently been voluntarily described to me by patients who have had this treatment, viz., increased composure, lessened irritability, a comfortable sense of drowsiness, warmth and relaxation, increased appetite and sleep as the early effects and later increased tone generally, producing a "bracing up" effect.

Objectively there is improved facial colour and tone, gain in weight and improved appetite.

These are shown at their best after treatment of closed septic foci; but, before such treatment, as a rule the normal reactions are not seen. In some cases of excitement, where it was hoped that a sedative effect might possibly ensue, it was noted that increased excitement followed and the course was not proceeded with.

One therefore concludes that, in conditions of "closed sepsis," ultra-violet light causes an exacerbation reaction; and that, in conditions of "open" or "closed converted into open" sepsis, ultra-violet light causes a healing reaction with diminution of symptoms.

C.—*Mental Symptoms in Relation to the Phases of the Reproductive Cycle.*—By Mr. A. B. DANBY, F.R.C.S.Ed., Dr. KATHLEEN SYKES, D.P.M., and Dr. T. C. GRAVES, F.R.C.S.

It is a very ancient observation that mental symptoms are not infrequently intensified at menstruation.

We have noted that there occur cases which form a definite group in that they present severe and active mental and physical symptoms on admission, and at that time are found to be menstruating.

Enquiry generally reveals the fact that these acute symptoms have been manifested with increasing intensity during a week, or possibly ten days, precedent to admission. This duration corresponds to the Premenstrual phase.

During the menstruation present on admission, these acute symptoms rarely abate and frequently continue, although perhaps with varying degrees of lowered intensity, during the Postmenstrual phase.

Thereafter generally ensues an amenorrhœa.

Should menstruation reappear, there is frequently an intensification of symptoms with each succeeding Premenstrual and Menstrual phase.

This intensification of Conduct disturbance has been termed here the Menstrual Reaction.

During amenorrhœa in sane women, there sometimes occur some of the attendant symptoms of menstruation corresponding to the menstrual epochs; these symptoms are then described as the Menstrual Molimina (molimen=effort). Thus headache, pelvic pain, backache and nausea may be experienced and perhaps recognized by the patient as being similar to the trouble she experienced previously in connection with menstruation.

In a similar way during the amenorrhœa of a mentally disordered person, an intensification of the mental symptoms may be exhibited. To this type of disturbance we have given the name of the Moliminal Reaction.

With the successful treatment of chronic infective processes, locally or elsewhere in the body and especially in the head, menstruation generally returns.

With the first appearance of the function, some Menstrual Reaction is usually manifested; and, with succeeding appearances, an increasing mental improvement is shown culminating in normality. With normality, insight is gained and the patient realizes that she was better after menstruation and she may recognize that in the premenstrual phase there is a tendency for the transient appearance of subjective symptoms, e.g., headache, cacosmia, depression, irritability, etc.

These subjective disturbances are, however, less associated with a Conduct Reaction; and, with increasing health, they disappear. The recognition of Menstrual and Moliminal Conduct Reactions is of valuable clinical import, as they indicate that a normal or abnormal ovary is still functioning.

The phenomena of Vicarious Menstruation, whether associated with a uterine flux or with amenorrhœa, indicate that vascular and permeability changes occur in diseased or abnormal tissues in the premenstrual and menstrual phases, e.g., in endometriomata, pulmonary tuberculosis, chronic nasal disease, etc., where hæmorrhage may occur at the periods.

It is highly probable that in other tissues analogous changes occur, dependent on the vascular state of the diseased tissues; such may be the case with nervous tissue and, in consequence, disturbance of function will result during the period of activity of the ovarian hormone.

The difficulty in any given case is to determine whether it is a normal or abnormal ovary which is maintaining Conduct Reactions.

Several cases could be quoted to illustrate the group where an apparently normal ovary was the cause of Conduct reactions, Menstrual or Moliminal; but the present intention is to give, in some detail, a report on a case where it was proved by surgical operation that a diseased ovary was the cause of abnormal Conduct Reactions.

A CASE ILLUSTRATING PERIODIC PHASES OF MENTAL DISORDER CORRESPONDING TO THE PHASES OF THE MENSTRUAL CYCLE. (A brief report of this case appeared in *The Lancet*, January 19th, 1929, p. 129):—

A married woman, aged 32 on admission to mental hospital on July 5th, 1921.

HISTORY:—*Family*.—Paternal uncle insane. *Personal*.—As a girl subject to sore throats and a “weak chest.” Showed “bad tempers” in

association with menstruation, otherwise sociable. As a housemaid held good situations. Married at 28, husband healthy. Had a still-birth followed by a miscarriage at six months.

Present Illness.—There is a history of influenza with otitis. She was admitted to a maternity hospital in June, 1921, for antepartum hæmorrhage and albuminuria. Placenta prævia was found, internal version performed, and a 28 weeks foetus delivered.

An intermittent pyrexia followed; on the ninth day she became maniacal and was admitted to a mental hospital on July 5th, 1921. On admission there was found evidence of puerperal infection, which subsided after a fortnight's treatment.

Mentally she was, and continued to be, confused and auditorily hallucinated. Sullen, depressed phases alternated with periods of excitement, during which impulsive destructiveness and violence were shown. She was frequently wet and dirty and had to be washed, dressed, and at times hand-fed. She was quite incapable of employment or helping herself. Medicinal treatment failed to improve her condition. She continued as described until she came under our care in September, 1925.

Physical State.—Height 5 ft. 6 in. Weight 9 st. 4 lb.

Her features were coarse, resembling the acromegalic faces sometimes seen in pregnancy. Peripheral circulation poor, face sallow.

The respiratory, alimentary, urinary and nervous systems and the heart appeared normal.

Gums were soft and bled easily, and the palatal roots of the upper molars were exposed.

Tonsils hypertrophic and from the crypts pus oozed on light pressure. No pus was seen in the oropharynx.

Thyroid and lymph glands in neck were not enlarged.

Cervix uteri was lacerated and infected, uterus subinvolved, right ovary prolapsed, enlarged and tender.

Menstrual cycle irregular $\frac{1 \text{ — } 16}{14 \text{ -- } 63}$, flow sometimes scanty and at other times profuse.

The cervical mucopus contained Grampositive diplococci and diphtheroids.

Wassermann and Widal tests in the blood were negative.

Mental State.—During brief better phases she was incapable of connected conversation and was sullen, abusive, vituperative and unable to interest herself in her surroundings.

Generally she was confused and frequently violently resistive to nursing, treatment and examination.

During her worst phases she was grossly confused, destructive to clothing and bedding, etc., violent and faulty; a powerful woman, her automaton conduct on these occasions rendered her dangerous.

It was noted that the very violent conduct was generally associated with a more profuse menstruation; but, as this function was irregular in time and amount, anticipation of these conduct exacerbations was difficult. Moreover, the conduct shown between the exacerbations was, on account of her filthy habits, such as to render equally difficult any real appreciation of transient relative improvement during the non-menstrual phase.

Course and Treatment may be divided into three stages:—

The First Stage.—*Antiseptic and Medicinal.*—Dental and gynæcological antiseptic treatment was given followed by calcium, endocrine and non-specific protein therapies during the remainder of 1925 and 1926.

The local gynæcological condition improved.

During the remainder of 1925 and until the summer of 1926 she exhibited no essential change in her behaviour and mental state, but it was recognized that she was worse during the winter months. However, for one week only in July, 1926, she showed a sudden remarkable change. She dressed herself neatly, worked in the ward, was able to go on parole with her husband and displayed a pleasant manner instead of the usual sullen, abusive attitude. A connected conversational capacity was shown and hallucinations were in abeyance. Her carriage and facial tone, mobility and colour were also markedly improved. This state lasted about seven days, and then she gradually relapsed to her former state of confusion with loss of muscular tone and facial colour. No further remissions appeared.

The Second Stage.—Surgical treatment of latent sepsis.—Ear, Nose and Throat examination had shown the accessory nasal sinuses to be clear on transillumination.

The diseased tonsils then appeared to be the only definite focus in the head. The right tympanic membrane was retracted more than the left.

On October 31st, 1926, general anaesthesia was badly borne, and operative measures were limited by Mr. Adams to the removal of the diseased tonsils by dissection.

Evidence of old quinsies was found and the right tonsil was on section found to contain an encapsulated abscess.

Recovery from operation was satisfactory and her mental condition both in bed and later, when up and dressed, showed a distinct improvement.

With the onset of the next menstruation, however, a relapse occurred—confusion, destructiveness, resistiveness, etc., returning. From thence onward the progress of her case became more defined. There now appeared more clearly than formerly a premenstrual and menstrual phase of confusion associated with destructive and degraded conduct, and a non-menstrual phase of more marked quiescence and diminished confusion.

A second course of non-specific protein therapy and later a short course of ultra-violet light caused no alteration in these recurring cycles of behaviour.

During the ensuing winter these changes in conduct and mental state showed no variation.

In March, 1927, during a less confused phase, it was elicited for the first time that she experienced headaches.

Radiography of the skull was now possible and showed a relative haziness of the left antrum.

On April 24th, 1927, under general anaesthesia, now better tolerated, a sinus examination and irrigation showed a diseased left antrum. This was drained intranasally and some septic adenoids were removed. Convalescence was uneventful.

A definite relative improvement followed and her condition in the following summer was a great advance on that of the preceding year.

The conduct phases became still more clearly defined. In the non-menstrual phase she was cheerful, pleasant, not hallucinated, neatly dressed, sociable, usefully employed and able to go for walks with her husband outside the grounds. In the premenstrual and menstrual phases all the former mental symptoms recurred, with violent conduct. On some of these occasions she required nursing in a separate room with strong clothing, whilst on other occasions she was able to be nursed in the ward with ordinary bedding and clothing.

The change from one state to the other was especially observed so often that there was no doubt of the relation to the phases of the menstrual cycle. The premenstrual indication of the onset of a relapse was the loss of facial tone, mobility and colour, a slovenly carriage, increasing sullenness and a peculiarity of feeding herself, and voraciously, with her fingers,

instead of using her knife and fork. The transition from one phase to another was often sudden, on some occasions occurring within an hour.

On September 29th, 1927, a pelvic examination by one of us (A. D.), under general anæsthesia, definitely suggested the existence of chronic inflammatory changes of the adnexa associated with a subinvolted uterus.

A diagnostic curettage showed that the endometrium was much thickened and histologically there was considerable hyperplasia of the uterine glands, although she was at that time in the intermenstrual phase. A swab from the interior of the cervical canal was sterile. The curettage caused no deviation in the conduct phases and, during the winter of 1927-28, recurring cycles of menstrual confusion and non-menstrual quiescence continued. It was clear that the uterine condition alone was not responsible for the periodic variations she displayed, although it was evident that the gynæcological conditions must have an important relation to the mental condition. Moreover, sufficient time had been allowed for a readjustment of any simple endocrine imbalance such as is seen in other cases following treatment of septic disease in the head.

Third Stage.—Gynæcological operative.—On February 11th, 1928, one of us (A. D.) performed a laparotomy during the usual intermenstrual remission of symptoms.

There was found definite evidence of long-standing pelvic inflammation; there were many adhesions, both Fallopian tubes were thickened, the ovaries were cystic, and the uterus subinvolted.

A right salpingo-oophorectomy was performed; the left tube was conserved, but the cystic portion of the left ovary was resected.

The abdominal wall was closed with special care, and the wound healed by first intention. Convalescence was uneventful.

There was slight menstrual loss ten days after the operation, but without the usual confusional relapse. On the contrary, it was remarked that she did all she could to help the staff in their work of nursing her, a striking contrast to her former manifestations on these occasions.

In March a three-day period occurred, in April there was no loss, in May a four-day period—all unassociated with confusion and, instead of displaying the previous degraded conduct, she assisted continuously in the domestic work of the convalescent home, and went on parole with her husband for short periods and eventually week-end leave.

A review early in May, 1928, showed good conversational capacity, composure, correct orientation and realization of illness. Her memory of the details of her illness before the abdominal operation was very patchy and entirely confined to her better periods. She had no memory of what happened during the confused phases nor of the constant demands she made for discharge on these occasions.

After the abdominal operation memory was continuous.

Apart from what she had been told, she had no knowledge of the total duration of her illness; to her it seemed 2-3 years. She volunteered that she felt a new woman, was interested in her work, and in the many developments which had occurred since the commencement of her illness—e.g., wireless.

There were no hallucinations and she had no memory of hallucinations.

Neither headache nor tinnitus were now experienced. Sleep, appetite and bowel action were satisfactory.

She volunteered that as a girl she suffered with "bad throats" and severe headaches. They were worse premenstrual and better after the period. She now recognized that she was then ill-tempered for no particular cause beyond that she did not feel well. Now she felt quite composed at the menstrual period. Her complexion was now pink, with considerable improvement in the facial tone and mobility; and, although obese, she was active and her carriage indicated improved muscular tone.

A radiogram of the skull now showed that all the sinuses, including the sphenoid, were perfectly clear. The pituitary fossa was, however, small, poorly formed and appeared to be closed, the posterior clinoid processes very irregular. In relation to this radiographic evidence indicating hypopituitarism, the variations in weight are interesting:—

September, 1925, 9 st. 4½ lbs.
 September, 1926, 11 st. 9 lbs.
 September, 1927, 11 st. 7 lbs.
 December, 1927, 13 st. 7 lbs.
 January, 1928, 12 st. 7½ lbs.
 February, 1928, 12 st. 3 lbs.
 March, 1928, 13 st. 4 lbs.
 April, 1928, 13 st. 7½ lbs.

These weights include that of simple shirt clothing only.

No further relapses having occurred, she was discharged on trial to the care of her husband in May, 1928. Reports from her doctor and relatives were satisfactory and she was discharged from the hospital books as recovered in June, 1928.

During early December, 1928, she visited the hospital with her husband, who reported that he was quite satisfied with her progress at home, where she devoted herself to housework and behaved normally. She herself appeared happy and cheerful. Her weight had increased. She stated that on discharge her weight, taken at home, with clothes was 14 st. 4 lbs. and now was 16 st. 10 lbs.

On January 19th, 1929, she again visited the hospital with her husband and stated that she had been losing continuously for a month; no pain, no headaches, no giddiness nor mental confusion. She had been able to do her work, the only complaint was the nuisance of the loss and a feeling of tiredness at the end of the day. Her husband was quite satisfied with her mental condition, and during the interview she displayed no symptoms indicative of a relapse. Her conversational capacity was good, her statement of her trouble was clear cut and her facial colour, mobility and tone were good. She was referred to and attended the Gynæcological Department at the General Hospital (under A. D.) for chronic subinvolution of the uterus. She has at each attendance shown no mental symptoms

Pathological Report.—The right ovary was enlarged to one and a half times normal size. Tunica was much thickened and surface lobulated, studded with numerous distended follicles of various sizes. Macroscopically a fibrocystic type of ovary. Sections of the ovary showed the vessels very sclerosed; cystic spaces were present, some of which contained poorly developed lutein tissue of an aberrant type.

Comment.—It is clear that the uterine condition, *per se*, was not responsible for the mental disorder, for the uterine condition persisted after the mental disorder had subsided. The removal of the septic disease in the head caused a considerable improvement in the mental condition, so much so that in the postmenstrual phases she was relatively normal. The immediate premenstrual and menstrual phases were directly related to profound relapses in her mental state and bodily vigour.

The case appears to be one of hypopituitarism and abnormal ovarian activity.

On removing the diseased ovarian tissue, a mental equilibrium appears to have been secured which has now lasted for more than twelve months.

The disease in the ovarian tissue appears to have been the sequel of a chronic infective process in the genital tract. What relation the chronic septic disease in the head bears to the hypopituitarism is an interesting field for further observation and research.

There is much evidence of the association of these conditions.

D.—Sphenoidal Sinusitis, the Pituitary Gland and the Pyrexial Response To Foreign Protein.—By DR. T. C. GRAVES, F.R.C.S.

Pathological work in the Research Laboratory has shown that bacteria may pass by direct continuity from a diseased sphenoidal sinus to the substance of the overlying pituitary gland, and that pathological changes are present in such glands. We may suppose that, with conditions of "open" sepsis of the sphenoidal sinus—i.e., the effective drainage of the products of inflammation by the ostium, resulting in the symptoms of nasal catarrh, sore throat, etc.—there is less liability for the infective process to extend to the pituitary gland than there may be in a later stage of development of the inflammatory process when drainage by the ostium becomes intermittent, then defective and deficient, resulting in "closed sepsis" of the sinus.

In these later stages, bacteria and their products may follow another path and, by involving the pituitary, may cause disturbances of function therein.

Assuming only one sinus is involved, as the sinus becomes more closed the nasal catarrh becomes less.

Rhinological surgeons have recognized that certain mental symptoms are associated with chronic sphenoidal sinus disease, e.g., inability to concentrate, mental torpor, undue physical and mental fatigue on exertion, insomnia or drowsiness, depression and suicide. These symptoms suggest pituitary involvement.

Other symptoms may enter into the clinical picture in any given case, depending on the involvement of other structures in the inflammatory process—e.g., the bone and the neighbouring optic, the fifth and the vidian nerves.

In chronic empyema of the sphenoidal sinus, the headache is frequently described as an indefinable pressure, rather than a pain, in the centre of the head.

In acute exacerbations of the sinusitis and with an associated osteomyelitis, intense symptoms appear—delirium, confusion and maniacal restlessness and excitement.

Symptoms of this, and allied, character disturb a clinical picture due to pure pituitary disturbance.

Nevertheless, it is possible in some cases to recognize certain symptoms considered to be due to pituitary disturbance in cases of mental disorder in which sphenoidal sinusitis is present; e.g., amenorrhœa, low body temperature, loosening of teeth, pallor or cyanosis.

Four cases admitted during the autumn and winter of 1928-1929 illustrate some of these symptoms of pituitary disturbance considered to arise from disease of the underlying sinus. In all these cases there is no history or sign of syphilis and the Wasserman and Widal tests in the blood were negative.

Histories.—

D. E. B., female, single, aged 35 on admission on September 23rd, 1928. Nasal catarrh, worse on some occasions than others, since she left school; has had attacks of deafness and tinnitus aurium. At time of Pandemic had an attack and each succeeding year a mild attack of influenza. In November, 1927, a severe attack, never fully recovered from, headache persisted for some time, head felt full, but cleared a little about Christmas, 1927. Headaches returned in summer of 1928, worse premenstrual, and continued until admission. Since headaches developed nasal catarrh has been less.

G. E. C., female, single, aged 42 on admission on September 5th, 1928. Constant "heavy bad colds"—spring and autumn—since childhood and during the last ten years have been associated with a swelling of the cheeks, especially on the left side (see antral findings later). Headaches gradually

increased in severity, especially worse during last six months and premenstrually.

P. J. J., male, married, aged 41 on admission on November 17th, 1928. Non-progressive acromegalic type. Quinsies and "brain fever" in adolescence. Severe pneumonia and pleurisy during the war. Since before the war has had constantly a sense of pressure on the top of the head. No recent nasal catarrh noted, although he had it periodically before the attack of pneumonia. Influenza in early 1927, since when mentally unstable.

A. W., male, married, aged 46 on admission on January 24th, 1929. Influenza at Pandemic. In early 1927 a severe attack followed by depression, apathy and lack of interest. After six weeks able to go back to work and appeared recovered. In autumn of 1928 mental symptoms developed, but improved a little before Christmas, 1928; after Christmas they intensified. No complaint of headaches or nasal catarrh.

Mental Symptoms Prior to and on Admission.—

D. E. B., insomnia for a few months before admission, morning drowsiness and some mental torpor and depression. Onset of acute phase was in premenstrual phase of menstruation present on admission.

Depression, persecutory ideas, auditory and visual hallucinations and strenuous attempts at suicide.

On Admission.—Acute confusion with hallucinations, repeated determined suicidal attempts, headaches and scalp tenderness. Insomnia marked.

G. E. C., depression, ideas of unworthiness. Apathy, mental and physical torpor, unable to concentrate on work, gradually increasing for two years before admission.

February, 1928, suicidal attempt with gas and another before admission.

On Admission.—Depression, life was not worth living, obsessed with ideas of reference and wrong-doing. Insomnia.

P. J. J., in early 1927, after influenza, depression followed by slight exaltation which diminished, but exaltation again developed in March, 1928, with some confusion, again subsided, but in autumn of 1928 returned with considerable confusion.

On Admission.—Acute maniacal confusion. Insomnia.

A. W., in autumn of 1928 became lacking in energy, easily tired, indifferent to surroundings and interests, vaguely restless, could not concentrate. Insomnia. Unable to work.

On Admission.—Complete confusion, depression, apathy.

Pathological Conditions Found in Upper Respiratory Tract, by Mr. W.

STIRK ADAMS, F.R.C.S.

D. E. B., October 10th, 1928.

Right sphenoidal empyema (drained), septic adenoids and tonsils (removed).

G. E. C., October 24th, 1928.

Right sphenoidal sinus full of pus and membrane thickened.

Left sphenoidal sinus membrane thickened.

Left antrum full of pus (all three drained).

Septic tonsils (removed).

P. J. J., December 12th, 1928.

Left sphenoid and ethmoid diseased (both drained).

Hypertrophied purulent tonsils (removed).

A. W., February 25th, 1928.

Right sphenoidal and bilateral antral empyema (all drained).

Tonsils septic (removed).

Amenorrhœa.

D. E. B., aged 35. Menstruation regular until and on admission. Afterwards amenorrhœa during October, November, December and January.

Menstruation returned in February with slight mental exacerbation.

The March and April periods regular without obvious exacerbation.

G. E. C., aged 42. Last menstruation July, 1928.

Amenorrhœa, probably of climacteric, although Moliminal sensations have been experienced.

Peripheral Circulation.

D. E. B., on admission, September 23rd, extreme facial pallor, hands and feet very cyanosed, skin cold.

G. E. C., on admission, September 5th, extreme facial pallor, no cyanosis, but areas of leucodermia on back of hands and forearms.

P. J. J., on admission, November 17th, earthy pallor of face, cyanosis of lips.

A. W., on admission, January 24th, relative stated he had lost normal facial colour and had shivered without associated pyrexia.

General Nutrition.

D. E. B. had lost weight and continued to do so after admission. After operation gained weight and is now a stone heavier than on admission.

G. E. C. had lost weight. After operation has gained half a stone and is slowly gaining.

P. J. J., no marked change.

A. W., relatives state, had lost weight seriously (3-4 stone) before admission. Is now slowly regaining weight since operation.

Teeth.

D. E. B. had 21 teeth on admission, two carious, remainder appear sound.

G. E. C. had 20 teeth on admission, all loose, the majority grossly so and not painful.

P. J. J. All upper teeth removed for caries and sepsis about 1912.

A. W. Upper and lower all removed for caries and sepsis about 1911, but he had not complained of neuralgia or toothache.

In the case of G. E. C., one can point definitely to the presence of the symptom of loosening of teeth. This appears to have come on as an acute process after the first suicidal attempt. The loosened condition appeared to be painless locally except latterly to hot or cold fluids in the mouth.

Improvement following Treatment.

D. E. B. After operative and protein therapy all suicidal attempts ceased and she was able to do useful work. Is now making good progress to recovery. Facial colour good.

G. E. C. With each phase of treatment, dental, rhinological and protein therapy, marked mental and physical improvement occurred, and she is now convalescing and about to be discharged. Facial colour much improved. The leucodermic areas are less obvious.

P. J. J. Following rhinological treatment the maniacal state ceased. Quiet depression appeared during the influenzal period of February-March, 1928. There is still some retardation of thought processes. Physically much improved, facial colour, swallowing and pressure sensation improved.

A. W. Still mentally and physically ill, but acute symptoms present on admission have subsided and he is making good progress.

Response to Pyrexial Therapy.

It is generally recognized that subnormal temperature may be associated with pituitary-hypothalamic disturbance, and there is evidence to show

that deficient temperature reaction to drugs normally causing pyrexia occurs in damage of the brain near the pituitary gland.

The chief point in this connection is the fact that all four cases gave deficient pyrexial responses to intravenous injections of T.A.B. vaccine.

D. E. B. 1st intravenous injection. Temperature rose from 97° F. to 98.4° F. and fell to 97° F., a slight rigor.

2nd I.V.I. maximum of 98.4° F., no rigor.

3rd I.V.I. ,, ,, 98.8° F., slight rigor.

4th I.V.I. ,, ,, 98.8° F., no rigor.

5th I.V.I. ,, ,, 101° F., no rigor.

6th I.V.I. ,, ,, 101° F., slight rigor.

These injections were given at the end of October, 1928, soon after sphenoidal drainage.

However, injections given in February, 1929, after return of menstruation, caused better pyrexial responses.

1st I.V.I. maximum of 102° F., no rigor.

2nd I.V.I. ,, ,, 102.2° F., slight rigor.

3rd I.V.I. ,, ,, 101.6° F., severe rigor.

G. E. C. 1st I.V.I. maximum of 99.2° F., falling to 97° F., no rigor.

2nd I.V.I. maximum of 102.6° F., falling during the succeeding day to 98° F. and rising during the following day to 101° F., then falling to 97° F. and during the next day rising to 100.4° F. A rigor preceded the first rise. On account of these two secondary rises the course was stopped.

P. J. J. 1st I.V.I. immediate pyrexial response was 99° F., then a fall to 98° F. and a secondary rise to 100.8° F. eleven hours later preceded by a rigor, a fall to 98° F. and another secondary rise to 99.6° F. on the following day.

2nd I.V.I. resulted in an acme of 101.8° F. twelve hours later, no rigor.

3rd I.V.I. no response.

A. W. 1st I.V.I. no rise beyond 98.0° F.

2nd I.V.I. a maximum of 99.8° F.

3rd I.V.I. ,, ,, 99.0° F.

In these last two cases further treatment by this means was stopped for the present.

The usual pyrexial response to intravenous injections of T.A.B. vaccine varies from 102° to 105° F., although occasionally cases are met with where higher temperatures are noted, the average lying between these figures.

The temperature following an injection usually falls to a normal without secondary rises within twelve hours.

It is considered at present that secondary rises are due to the septic infection.

We have evidence pointing to the conclusion that parenteral foreign protein therapy causes changes to occur in foci of "closed sepsis" leading to exacerbation of symptoms, but that when "closed sepsis" is converted into "open sepsis" these changes tend towards healing and diminution of symptoms.

In all these cases, the accessible foci of "closed sepsis" around the pituitary had been converted into "open," allowing of free drainage of inflammatory products. It will be noted that the later administration of T.A.B. to D.E.B., when the pituitary region had become more efficient, as shown by an improved mental state and the return of menstruation, caused higher temperature responses.

The case of A. W. supplies a key to the problem:—He recovered well without depression from the attack of influenza at the Pandemic period.

In the 1927 epidemic, he had influenza followed by depression from which he improved eventually.

Eighteen months later, and with the onset of autumnal conditions of a winter which was to be associated with a very severe epidemic of influenza,

he developed intense depression which was not preceded by the usual constitutional reaction of influenza, viz., a pyrexia.

One therefore concludes that, in those cases where mental symptoms follow an attack of influenza, pituitary disturbance resulting therefrom may be a factor in the causation of symptoms, and especially so in cases where an average pyrexial reaction has not been manifested. It will be noted that in all these cases the onset of mental symptoms was associated with autumn and winter conditions, and that in all there is a history pointing to areas of unresolved infection persisting in the skull from previous acute infective processes.

II.—FROM THE CARDIFF CITY MENTAL HOSPITAL.

General Report.—By LIEUT.-COLONEL E. GOODALL, C.B.E., F.R.C.P.,
Medical Superintendent.

Functional Tests.—These were referred to as being carried out on suitable, newly-received patients in the last report and in the one preceding. At some future time it will be interesting to have these studied, and to ascertain what information emerges. (Since these lines were written Dr. M. L. M. Northcote, our resident clinical assistant, has taken up this matter and is in process of making a summary of results.) Amongst these tests is the CO₂ combining-power of blood-plasma (mentioned in the last report). This matter has been further enquired into—in accordance with the intention expressed in that report—and we find that when two fairly comparable individuals are employed in the breathing part of the test, the results agree very well. This plan is, therefore, pursued, and the test included in our functional sheet (see further reference to this point in Report from the Chemical Laboratory hereafter).

We are investigating certain statements made relative to the action of the blood-serum of, respectively, normal persons and persons with cancer upon cancer-cells, with a view to ascertaining whether the reported findings in respect of cancer-cells, if verified, are paralleled by like findings in respect of cells of the generative organs. In the latter case, the blood-serum used would be, respectively, that of control cases and of cases of dementia at adolescence. Control material is obtained from the Cardiff Royal Infirmary.

Dr. Scholberg, Dr. Skottowe and I, with the aid of the rhinologist as regards the collection of material from suitable patients, have for some months been working upon the possible causation of the very common dementia at adolescence by a filterable virus. Such a difficult investigation as this will entail much patient research, thoroughly controlled, and is one calculated to occupy the attention of a team of workers for a long period. It is a matter which assuredly requires to be cleared up by all available means of investigation.

Dr. Muriel L. M. Northcote has carried out a clinical investigation of the so-called autonomic or vegetative nervous system in fifty cases of the dementia at adolescence, above referred to, known as “schizophrenia”; and has contributed an article, which has been accepted for publication in due course, to *The Journal of Mental Science* on this subject.

The following investigations have been carried on in the chemical laboratory: the estimation of cholesterol in blood and the hydrogen-ion concentration of blood and urine, which I requested should be made. (Since these lines were written the work on cholesterol has been published in *The Lancet* of February 23rd, 1929.)

The work in connection with the latter subject has, up to now, been mainly preliminary and experimental. Our purpose is at present to enquire into the point of the pH in blood (also in urine), especially in the type of cases which shows sudden or rather sudden alteration in mental mood or condition, e.g., patients of the manic-depressive class, and cases of adolescent dementia in which stuporose states with marked physical signs supervene.

As regards cholesterol: the preliminary results mentioned in the last report comprized cholesterol estimations in the blood of 12 male patients on ordinary diet. A further series of experiments was made on 10 male patients. These were placed on a special diet of, as closely as possible, 17 calories to the lb. of body-weight, composed of bread, butter, milk, meat and potatoes. Each was kept in bed for not less than three days before the withdrawal of blood, and the rest and diet were maintained during the estimations, which extended in each case over three consecutive days.

The results obtained in the second series did not differ to any appreciable extent from those of the first series. The difficulty in making exact colour comparisons, which was mentioned in last year's report, was experienced again and was, perhaps, even more marked than in the previous experiments.

Robinson, Brain and Kay (*The Lancet*, August 13th, 1927, p. 325), using the same method as we have employed in this laboratory, gave the following results for 39 normal males:—

Maximum	-	-	-	222	cmgm. per cc.
Minimum	-	-	-	157	cmgm. per cc.
Average	-	-	-	172	cmgm. per cc.

These results are somewhat higher than those which we obtained.

The article in *The Lancet* by Drs Robinson, Brain and Kay, cited above, is entitled "Association of Low Blood Cholesterol with the occurrence of Fits in Epileptics"; in it the incidental statement is made, upon the authority of Okey and Boyden (*J. Biol. Chem.*, 1927, 72, 261), that the blood cholesterol is markedly decreased at or about the menstrual period. In their study of epilepsy these authors found that the cholesterol level usually falls in the pre-paroxysmal period, and that the fits take place at or about the lowest point in a curve plotted to show the amount of cholesterol at regular intervals. In view of the statements which are made associating frequency of fits with the onset of menstruation in epileptic women, it seemed desirable to make an investigation into these questions.

Suitable patients were placed on a diet of 17 calories to the lb. of body-weight (see above), and each was kept in bed for not less than three days before the withdrawal of blood.

Cholesterol and Menstruation.—Twelve patients were examined for cholesterol in two phases of the menstrual cycle, viz., inter-menstrual (between actual "periods"—as nearly as possible mid-way) and intra-menstrual (during the actual time of the menstrual flow, commencing not later than the day following its inception).

In each phase, blood was taken on three consecutive days. All the patients were in bed and on the diet for three or more days prior to the first estimation of the three; the diet and rest were continued throughout each set of three estimations.

The complete examination of all patients in both phases of the menstrual cycle was repeated after some weeks. In the first series, "A," the blood was taken 1½-2 hours after breakfast; in the second, "B," the blood was taken before breakfast, the patients being in the fasting condition from tea-time on the previous day.

The mean results of the two series are in most cases in agreement to within about 10 per cent., the agreement being somewhat closer in the inter-menstrual than in the intra-menstrual results.

In consequence of the difficulty experienced in making exact colour comparisons (see above), a large number of the results obtained can only be regarded as doubtful. Some of the variations found may be due to actual changes in the amount of blood cholesterol; some, on the other hand, are undoubtedly due to the uncertainty of the colorimetric comparison; and in deciding the reliability of any particular result it is impossible to differentiate between the two causes of variation.

Conclusions.—Our results show only comparatively slight changes, sometimes a rise and at other times a fall, in the cholesterol content of the blood during the time of the menstrual flow as compared with that found in the inter-menstrual phase.

Robinson, Brain and Kay (cited above) obtained results on 32 normal female cases. These are compared below with the inter-menstrual results obtained in this laboratory.

Cholesterol in hundredths of a milligram per cc. of whole blood.

	32 Normal Cases.	12 Female Mental Patients.
Maximum	243	198
Minimum	152	136
Average	175	164

It will be seen that the figures obtained by us are somewhat lower than the normal values.

Cholesterol and Epilepsy.—Six patients (3 males and 3 females) were examined for cholesterol in two epileptic cases, viz., inter-paroxysmal (blood drawn at a time when the patients had been free from fits for some days and under the condition that no fit occurred for at least a further 24 hours) and pre-paroxysmal (blood taken under the condition that, at the time of venesection, the patient must not have had a fit for a period of 48 hours, but that a fit must occur within the next 24 hours).

In each case, three estimations were made in the inter-paroxysmal and three in the pre-paroxysmal phase.

In five out of the six cases the cholesterol in the inter-paroxysmal phase was fairly constant over the three days on which estimations were made; in the sixth case, one of the values was considerably higher than the other two. In four out of the six cases, the cholesterol in the pre-paroxysmal phase was fairly constant over the three days on which estimations were made; in the two remaining cases the results were less regular. It is impossible to say with certainty whether the irregularities observed are due to changes in the cholesterol-content of the blood or to the unreliability of the estimation.

Conclusion.—Our results show that the amount of cholesterol in the blood in the pre-paroxysmal phase usually tends to be slightly lower than the inter-paroxysmal value. The only marked variations were a 30 per cent. lower figure in one case and a 19 per cent. higher figure in another.

Hydrogen Ion Concentration of Urine.—In the early part of the year preliminary experiments were made on the determination of the hydrogen ion concentration (pH) of urine, using the “indicator” or “colorimetric” method, in which a measured volume of the urine is mixed with a suitable indicator and the colour produced compared with the colours developed in equal volumes of standard solutions of known pH mixed with the same indicator. Special arrangements are made to allow for the colour of the original urine.

The fasting urine of a number of patients was examined. The pH was usually between 5.0 and 6.0, i.e., the urine was slightly acid in reaction. A specimen taken two to three hours after dinner usually has a higher pH, the value depending to some extent upon the diet; a meal consisting largely of vegetables, especially greens, causes an increase in the alkalinity of the urine and the pH may exceed 7.0, i.e., the urine has become alkaline in reaction; a meal of a more ordinary character does not tend to cause such a marked increase in the pH.

Some of the results obtained from the pH of urine indicated that the method being employed was not thoroughly reliable, and the necessary apparatus has been fitted up in the laboratory for an independent control by electrical measurements of the standard solutions used for the colorimetric determination of pH.

Hydrogen-Ion Concentration of Blood.—A number of experiments has been made on the determination of the hydrogen ion concentration of blood, using the indicator method. A small measured volume of blood (0.5 cc.) is added to 9.5 cc. of a 0.9 per cent. solution of pure sodium chloride containing a few drops of phenol red indicator, and the mixture is stirred for a moment; it is then centrifugalized, to throw down the blood corpuscles. The red colour is compared with the colours developed by adding a similar volume of phenol red indicator to 10 cc. of each of a set of standard solutions of known pH.

The results (given for a temperature of 38° C.) varied from 7.22 to 7.40, and in most cases were between 7.25 and 7.35. By the ingestion of alkaline salts, such as sodium bicarbonate, or of acid salts, such as acid sodium phosphate, it has been found possible to raise or lower the pH of the blood to a small extent; but the change produced in the pH by such means is much less marked in the case of the blood than in the urine. This work is being continued.

Carbon dioxide Combining Power of Plasma.—In last year's report mention was made of the influence of the individual factor (i.e., of the investigator) on the results of the CO₂ combining power of plasma. This has been further confirmed. The figures quoted in the 1927 report were all obtained by the same individual (45 years of age); it has been found that two young men (19 years of age) obtained results in close agreement, and about 20 units higher than those obtained on the same sample of blood-plasma by the elder man. The figures obtained by the young men are much more in agreement with the usually accepted results of this method.

III.—FROM THE WEST RIDING MENTAL HOSPITAL, WAKEFIELD.

A.—*General Report.*—By Professor J. SHAW BOLTON, D.Sc., F.R.C.P., Medical Director.

1.—*Routine work of the Laboratory.*—The past year has been a heavy one, no less than 3,568 specimens having been subjected to critical examination.

The usual routine Widal examinations of all new admissions and of all new entrants to the staff continue to produce figures which depart little from our average.

Admissions.	Positive Flexner.	Positive Typhosus.	Negative.	Total.
Males ...	8	Nil	209	217
Females ...	16	Nil	198	214
Total ...	24	Nil	407	431
<i>Probationary Staff.</i>				
Males ...	Nil	Nil	12	12
Females ...	6	Nil	58	64
Total ...	6	Nil	70	76

2.—*Diploma in Psychological Medicine of the University of Leeds.*—During the year 1928 two candidates obtained this Diploma, and one candidate was successful in passing Part I of the Examination.

3.—*Annual Meeting of the Royal Medico-Psychological Association.*—The 87th Annual Meeting of the Royal Medico-Psychological Association

took place at the West Riding Mental Hospital, Wakefield, on July 11th-13th. The subject of my Presidential address was:—"The Evolution of a Mental Hospital—Wakefield, 1818-1928."

The following papers and demonstrations, based on research conducted in the laboratories of the Wakefield Mental Hospital, were presented during the meeting:—

Paper: "A Description of the Steps taken in a Mental Hospital to prevent the spread of Dysentery and Allied Infectious Diseases," by M. J. McGrath, M.B., D.P.M.

Demonstration: "Bacteriological Methods employed at Wakefield Mental Hospital for the detection of Dysentery and Allied Infectious Diseases," by Mr. A. L. Howden.

Paper: "An Investigation into the Significance of Perseveration," by Ll. Wynn Jones, D.Sc., Lecturer in Psychology, University of Leeds.

Lantern Demonstration: "On the Development of the Chick," by the President.

Paper and Lantern Demonstration: "Review of Blood-Pressure in the Insane," by Kenneth C. L. Paddle, M.C., M.R.C.S., L.R.C.P.Lond., D.P.M.

Paper and Clinical Demonstration: "On the Relation of the Spirochæta Pallida to the Histological Changes in Dementia Paralytica," by J. F. Smyth, M.B., D.P.M.

Clinical Demonstration: "On Cases of Sense Deprivation," by the President.

In addition, besides communications from several members of the Royal Medico-Psychological Association, the following papers were read by members of the Staff of the University of Leeds:—

Paper: "Physiology in Relation to Psychological Medicine," by B. A. McSwiney, B.A., M.B., Professor of Physiology, University of Leeds.

Paper: "The Value of Psychical Research to the Physician," by W. H. Maxwell Telling, M.D., F.R.C.P., Professor of Medicine and Head of the Department of Medicine, University of Leeds.

All these papers were published in the *Journal of Mental Science*, October, 1928.

A lengthy discussion on the papers in relation to General Paralysis took place at the succeeding November (1928) and February (1929) meetings of the Royal Medico-Psychological Association, and was also published in the *Journal of Mental Science*.

B.—*Asylum Dysentery and allied Infections (Tenth Post-War Report).*—

By Professor J. SHAW BOLTON, D.Sc., F.R.C.P., Dr. M. J. McGRATH, D.P.M., and Mr. A. L. HOWDEN.

1.—*Enteric Fever during the period December, 1927—December, 1928.*

(a) Enteric Fever: one case and two carriers.

On 16th January, 1928. A.M.F., aged 31. Ward 31. Admitted 14th April, 1923, gave a Widal +1/200 and bacillus typhosus was isolated from a blood culture. On 1st February, 1928, bacillus typhosus was isolated from the faeces.

On 19th January, 1928, A.C., aged 77, Ward 31. Admitted 12th November, 1903, was found to be excreting typhoid bacilli.

On 24th January, 1928, 42 Widal's were made on the patients of the Ward and 39 were — and three were +. Of the 42 cases the faeces were + in the one case only. The second of the three + Widal's was an old carrier, M.E.W. This case had received several injections of bacillus typhosus vaccine and had had her gall bladder removed. She had not excreted bacillus typhosus since the removal of her gall bladder, repeated bacteriological examinations of her faeces giving persistent negative results. The third of these positive cases was a transfer from another mental hospital. Repeated bacteriological examinations of faeces showed that this case also did not excrete typhoid bacilli.

The seven members of the staff gave — Widal's and — faeces.

A second carrier, L.B., aged 56, admitted 30th March, 1912, was discovered in ward 26 during the routine bacteriological examination of faeces. She was found to be excreting bacillus typhosus. No cases occurred in the ward.

(b) The known enteric carriers in the hospital at present are the following:—

(1) E.J., Ward 21. Detected 2nd March, 1927, and previously reported. This patient persistently excretes large numbers of typhoid bacilli, some of which are non-motile. She is in good health and stout.

(2) M.L.M., Ward 21. Detected 24th November, 1927, and previously reported. This patient intermittently excretes typhoid bacilli. At times the plates show a few colonies only and at others an almost pure culture.

(3) A.C., Ward 31, aged 77, admitted 12th November, 1903. Detected 19th January, 1928, during search for carriers. This patient still persistently excretes large numbers of typhoid bacilli.

(4) L.B., Ward 26, aged 56, admitted 30th March, 1912. Detected 20th February, 1928, during routine examination of wards. This patient intermittently excretes typhoid bacilli, the plates containing a few colonies only.

2.—*Dysentery from December, 1927, to December, 1928.*

Six cases occurred and 4 carriers were detected. In the case of each of the carriers the bacilli were grown from an apparently normal stool.

Case 1.—4th January, 1928. R. E., aged 73, Ward V, *Bacillus Flexner* was isolated from a loose stool.

On 10th January, 1928, Widal's were done on 85 patients of which two were positive and on ten staff all of which were negative. The 85 faeces were also examined and one positive was detected. The ten staff gave — faeces.

The carrier was discovered on 11th November, 1928, and was J.T., admitted 24th July, 1925, aged 19, Ward V. The bacilli were isolated from a normal stool.

Prophylactic vaccination with an autogenous vaccine was carried out. No further cases developed and the ward remains free.

Case 2.—7th April, 1928. M.M., admitted 16th May, 1916, aged 64, Ward 21. This was an old isolated recurrent case and *bacillus Flexner W.* was isolated from faeces containing blood and mucus. This case died on 15th April, 1928.

Case 3. 4th May, 1928. A.M.D., admitted 13th August, 1925, aged 41, Ward F.6. This was also an old isolated recurrent case and *bacillus Flexner Y* was isolated from a loose stool.

Case 4.—9th August, 1928. E.L., admitted 10th July, 1927, aged 33, Ward M.3. *Bacillus Flexner X* isolated from faeces containing mucus but no blood.

Case 5.—12th August, 1928. J.B., admitted 3rd August, 1927, aged 50, Ward M.3. *Bacillus Flexner X* isolated from faeces containing mucus but no blood.

Case 6.—12th August, 1928. A.W.C., admitted 10th October, 1923, aged 23, Ward M.3. *Bacillus Flexner* isolated from faeces containing blood and mucus.

In Ward M.3, on 13th August, 1928, Widal's were done on 75 patients and 31 staff. Of the former, 59 were + and 16 —, and of the latter, 15 were + and 16 —. Of the 75 faeces of patients three were positive. Of the 31 faeces of staff all were negative.

The three carriers, each detected by isolation of *bacillus Flexner X* from an apparently normal stool, were as follows:—

12th August, 1928, W.P., admitted 5th May, 1928, aged 65.

12th August, 1928, L.B., admitted 12th June, 1928, aged 22.

12th August, 1928, H.P., admitted 15th May, 1928, aged 16.

3.—*Results of bacteriological examination of faeces of new admissions.*

Case 1.—17th May, 1928. W.N., aged 73, Ward M.1, admitted 16th May, 1928. Gave a 1/50 negative Widal to *bacillus typhosus* and *bacillus Flexner*. *Bacillus Morgan No. 1* was isolated from faeces. The Patient was admitted from the Leeds P.L.I.

Case 2.—26th June, 1928. R.A.B.B., aged 4 years and 10 months, admitted 20th June, 1928, Ward M.1. Gave a 1/50 negative Widal to bacillus typhosus and bacillus Flexner.

Bacillus dysenterica Flexner X was isolated from the third specimen examined. The case showed no clinical symptoms and prior to admission had been one year in Ripon P.L.I.

Case 3.—28th July, 1928. A.S., aged 19, Ward F.1, admitted 28th July, 1928. Gave a 1/50 negative Widal to bacillus typhosus and bacillus Flexner. Bacillus Morgan No. 1 was isolated from the faeces. This case was admitted from Pontefract P.L.I., where she had resided for one month.

4.—*Cases found to be excreting organisms other than Bacillus dysenterica Flexner and Bacillus typhosus.*

Case 1.—17th July, 1928. E.S., aged 63, Ward 26, admitted 8th November, 1922. Bacillus faecalis alkaligenes isolated from a stool of pure mucus.

Case 2.—12th August, 1928. I.L., aged 60, Ward M.1, admitted 15th June, 1928. Bacillus Morgan No. 1 isolated from a loose stool.

Case 3.—12th August, 1928. J.B., aged 70, Ward M.3, admitted 9th March, 1926. Bacillus Morgan No. 1 isolated from a normal stool.

Case 4.—13th August, 1928. H.A., aged 58, Ward M.1, admitted 11th June, 1928. Bacillus Schmitz isolated from a loose stool.

Case 5.—12th September, 1928. J.S., aged 30, Ward 16, admitted 19th September, 1925. Bacillus Sonnè isolated from a loose stool.

Case 6.—29th October, 1928. A.A.A., aged 77, Ward F.5, admitted 6th April 1926. Bacillus Sonnè isolated from a loose stool.

IV.—FROM THE WEST RIDING MENTAL HOSPITAL, WADSLEY, SHEFFIELD.

General Report on Clinical and Pathological Investigations.—By Dr. W. J. N. VINCENT, C.B.E., Medical Superintendent.

Autopsies were performed in 167 instances, 94·0 per cent. of the 178 deaths which occurred during the year.

Routine Laboratory Work:—

The following is a summary of the work carried out in the Laboratory under Dr. F. T. Thorpe, pathologist to the institution:—

Widals, 177; Andrew's test, 4; urea tests, 4; sugar tests, 2; Van den Bergh's tests, 4; blood counts, 3; and blood cultures, 2.

Examination of blood films for malaria parasites, 95 instances. The Meinicke micro-reaction test was carried out on 479 occasions. This test is made in all newly admitted cases, and affords valuable information.

Examination of the c.s.f. was carried out in 53 instances. The complete examination of urines numbered 500, and on 3 occasions a special examination and cultures were made. Examination of sputa was required in 28 instances; throat swabs and cultures were made in 30 instances, while other examinations were made of various fluids, pus, etc., and also for ringworm—numbering 16 in all.

Microscopical preparations were made in a large number of cases dying from various conditions, and especially in cases dying from g.p.i.

The Wassermann examination of 41 c.s.fs. and 27 sera have been carried out for us at the County laboratory at Wakefield.

Malarial Therapy in General Paralysis of the Insane.

This method of treatment, commenced in the year 1924, has been maintained. Malarial therapy has now been carried out in this institu-

tion for 5 years and the following is a summary of the results obtained:—
Of the Patients inoculated in the year :

	1924.	1925.	1926.	1927.	1.982
Improved, but not fit for discharge from hospital	2	3	1	5	8
Not improved, remaining in hospital	4	1	4	6	2
Failing or degenerated	3	4	1	3	1
Transferred to another institution	—	1	—	—	—
Discharged, reported (January, 1929) to be doing well and working or capable of doing so ...	11	3	9	7	9
Discharged, but relapsed; re-admitted, again discharged, and doing well	—	—	—	—	1
Discharged, but relapsed and re-admitted ...	—	2	2	1	—
Discharged, but no recent history available ...	1	1	—	—	1
Discharged, improved—into care of friends ...	—	—	—	—	—
Discharged, but relapsed and died in Hospital	2	3	—	—	—
Discharged, but reported to have died	1	1	1	—	—
Died in S.Y.M. Hospital	5	9	12	4	4
Under treatment	—	—	—	—	1
	29	28	30	26	27
	140				

All cases discharged during the five years were written to in January, 1929, and replies were received from all except three.

Of 140 cases treated during the five years nearly 29 per cent. have been discharged and reported to be doing well. Of the cases inoculated in 1928, however, less than a year has elapsed.

Dementia Præcox and Malarial Therapy.

Three cases of dementia præcox were chosen in which it was considered a trial of the treatment by induced malaria might prove useful.

One case, well marked mental deterioration, collapsed and died while under treatment. A case of Katatonic Stupor of 12 months' duration without showing signs of any alteration began to show improvement shortly after the completion of the malarial therapy, and the progress has been steady and satisfactory.

The third case, with recurring attacks of excitement, has made no improvement.

I am indebted to Colonel James, of the Ministry of Health, London, for kindly undertaking the inoculation of these cases.

Dementia Præcox and treatment by extracts.

Five males and three females were treated with hormone extracts. Of the male cases so treated for a period of six months, one improved and was discharged. Of the three female cases, one remains unimproved and two have improved, one sufficiently to be recommended for discharge.

Cases of Mental after-effects of Epidemic Encephalitis.

Eleven males and four females were admitted during the year 1928. One male case, having showed improvement, was discharged, but relapsed and returned to hospital. He again improved and was re-discharged.

A treatment which has apparently been of some value in cases of "Parkinsonism" is that of a daily injection of hyoscin given in the forenoon and followed by two doses of stramonium given by the mouth in the afternoon and evening.

Professor Arthur Hall, consulting physician, is continuing the investigation in this disease. A series of cinema pictures showing the gait and posture of many of these cases have been taken under Professor Hall's direction, and it is hoped that these may prove of some value to him in his work.

An examination of the blood pressures and pulse rates of a number of these cases is being carried out by Dr. F. T. Thorpe.

Dr. Elizabeth Eaves, neuro-pathologist to the mental hospital, is undertaking a physiological examination of the nervous system in cases dying from encephalitis. It is hoped that her work will shortly be ready for publication.

Out-patient Mental Centres at the Sheffield General Hospitals.

The medical officers of the mental hospital give their services at the Sheffield General hospitals.

During the year, 353 attendances were registered at the Royal Infirmary, Sheffield, and 793 at the Royal hospital. It is obvious that a distinct want is being met by these centres.

V.—FROM THE WEST RIDING MENTAL HOSPITAL, STORTHERS HALL, KIRKBURTON.

General Report.—By Dr. C. W. EWING, D.P.M., Medical Superintendent.
Laboratory Assistant, Mr. J. A. Burgess.

A.—Clinical and pathological investigations were begun in the newly equipped laboratory during the latter portion of the year under review. These included 2,872 examinations, of which the following is an abstract:—

Blood.—Meinicke turbidity tests, 174; Wassermann reactions, 78; agglutinations 950; malarial films, 306; diff. cell counts, 27.

C.S.F.—Meinicke turbidity tests, 16; Wassermann reactions, 16; colloidal gold (Lange), 17; globulin (Ross Jones), 18; Boltz's anhydride test, 83.

Dejecta : Stools.—Cultures (*B. typhosus*, *B. dysenteriae*), 367; *Urines.*—Micro and chemical, 387; glucose estimations and Ketone tests, 42.

Milk and Food.—Bact. and chemical examinations, 17.

Vaccines.—Preparation of 36 autogenous vaccines (*B. dysenteriae* Flexner Y).

In addition, routine examinations of sputa, swabs, exudates and the preparation of sections of special pathological interest. During the year 144 autopsies were made.

B.—*Syphilis.*—*Observations on reactions of blood and c.s.f.*—The number of cases dealt with being limited, our results are given for their comparative value.

Blood.—All patients admitted since October 1st, 1928, had their blood examined for their reactions to the Meinicke turbidity and Wassermann tests. *Tabulated Results:*—

Admissions.		Positive Meinicke.	Positive Wassermann.
39 Male ...	...	25.5%	24.4%
39 Female ...	...	5.9%	5.4%
78 Combined ...	...	17.4%	15.4%

The Meinicke turbidity reaction would appear to be a valuable auxiliary to the Wassermann reaction. It is rapidly and easily performed. Controlled for both blood and c.s.f. by the Wassermann reaction, it gave the same number of positive results in 79 out of 82 consecutive cases, i.e., in 96 per cent.

Cerebro-spinal Fluid.—The percentage giving positive Meinicke and Wassermann reactions of the c.s.fs. available—which were mostly from clinical cases of g.p.i.—was 80 and 75 respectively. These results were

further verified by Lange's colloidal gold, the globulin (Ross Jones) and Boltz's acetic anhydride tests.

Boltz Acetic Anhydride Test.—In all, 83 specimens were examined, 67 of which were on c.s.fs. taken at post-mortems. In every instance a positive reaction varying from weak to strong was obtained. The time elapsing since death did not appear to have any influence on the strength of the reaction. In the 16 c.s.fs. taken during life 11 gave positive reactions, all of which were confirmed by the colloidal gold and globulin tests.

C.—*Agglutinations.*—A large number of Widal tests were undertaken in a systematic search for carriers, including all patients in the isolation wards.

B. *Typhosis.*—Two “carriers” were detected, the organism being isolated in pure culture.

B. *Dysenteriae.*—Three “carriers” were detected. In the dysentery cases the organism invariably isolated in pure culture was Flexner Y. In this group, in all 16 cases gave positive Widal's, and in 12 of these B. dys. Flexner Y was isolated from the faeces.

All suspects—those giving a positive agglutination up to 1/100—had their faeces plated at intervals on three occasions before being considered free from infection.

D.—*Malarial Therapy in G.P.I.*—Treatment of selected cases was begun during the year. A strain of benign tertian malaria was obtained from the South Yorkshire Mental Hospital, Sheffield. Inoculation was made by subcutaneous injection. An average of 10 pyrexial attacks was obtained, controlled by daily examination of blood films.

Number treated, 13 (12 male and 1 female); mentally improved, 6 (of whom 4 discharged); no noticeable change, 4; died, 3.

Of the four cases discharged, two of the male patients and one female are reported to be doing well. One male patient relapsed and returned to hospital recently.

VI.—FROM THE LANCASHIRE ASYLUMS BOARD.

Reports furnished by Dr. G. A. WATSON, Pathologist to the Board.

I.—LANCASTER.

By Dr. J. D. SILVERSTON.

1. Owing to the occurrence of sporadic outbreaks of *Typhoid Fever* among the female population during the years 1927 and 1928 an intensive campaign has been carried out by the medical and laboratory staff for the purpose of detecting patients whose sera give positive readings to standard cultures of *B. typhosus* and para A. and B. The number of agglutination tests performed was 971, of which 36 were constantly positive. These cases were isolated, and as a result of further bacteriological investigations 8 of these patients have been identified and confirmed as typhoid “carriers.”

It is gratifying to note that further outbreaks of fever have not taken place since this investigation was held.

2. In order to render the above investigation more complete, similar serum examinations have been carried out on all female admissions during the year.

3. *Asylum Dysentery* has apparently died out in this hospital and no new cases have been reported during the year, but in view of Pickworth's findings in the sera of new admissions to mental hospitals we decided to forestall, if possible, a new outbreak of dysentery by carrying out similar

investigations. Nearly 2,000 agglutination tests have been carried out on the sera of female admissions, but at this stage of our enquiry we are unable to confirm his high percentage of positive readings. The investigation, however, is still being continued.

4. Other routine examinations that have been added during the year are the Wassermann reaction and a full cytological examination of the blood of all new cases. Particular attention has been paid to the white cell readings and interesting differential counts have been obtained. In quite a number of cases comparative readings of the Arneth Count and Schilling's Index have yielded data of prognostic import.

By Dr. J. D. SILVERSTON and Dr. C. J. THOMAS.

5. *The Malarial Treatment of General Paralysis* has been instituted on the male side of the hospital and at the time of writing several patients have been treated with beneficial results.

The fever treatment is being followed up by courses of Tryparsamide Therapy in the hope that the improvement obtained will be rendered more permanent, and in this way a cure made more or less possible. Research is being carried out on the relationship between the malaria infection and the cytological formulæ of the blood, and sufficiently interesting data have been obtained as to prompt us to embody them in a paper which we hope to publish in the near future.

By Dr. E. R. HULL.

6. *Actino-therapy*.—Ultra-violet irradiation continues to prove an adjunct of considerable value in the general tonic treatment of the insane.

The most striking results are obtained in the case of debilitated patients who have been refusing food; after a course of treatment these patients regain their appetite, commence to take their food themselves, and in some cases to eat ravenously; these are the cases in which gaining weight is considerable.

In regard to mental state, melancholics of the stuporose type definitely improve; the agitated melancholics are rendered worse when treatment is attempted, and irradiation is not a feasible method of treatment with acutely suicidal patients.

Cases of mania have not shown any appreciable diminution of motor activity, but the progress of physical deterioration is checked. There are no marked changes in cases of epilepsy and Primary Dementia, though in the latter cases a change from hebephrenic seclusiveness to Catatonic excitement has on several occasions been noticed.

In reference to bodily disease, pulmonary tuberculosis is not treated by irradiation in the hospital. Surgical tuberculosis shows variable results in the limited number of cases treated. Cases of eczema show a gratifying response to treatment, but tend to relapse when treatment is suspended; the savings in dressings is an item of considerable value in these cases.

Schnee Baths.—Treatment with Schnee baths shows favourable results in the treatment of rheumatoid arthritis, sprains and synovitis of various joints, the after-treatment of fractures, and in the general tonic treatment of miscellaneous muscular affections. The results of treatment of sciatica have been unsatisfactory. The psychic effect in patients of a suggestible type is also valuable.

Ionization.—A case of chronic otitis media has been treated with a limited response by zinc sulphate ionization.

Diathermy.—This method of treatment has recently been commenced. The after-treatment of a fracture involving the elbow joint resulted in satisfactory mobilization of the joint.

2. PRESTWICH.

Routine Laboratory Work.

Urine examinations.—Routine, 1,321; Bacteriological, 19; Sugar Estimations, 69.

Blood.—Counts, 28; Sugars, 2; Cultures, 6; Sigma Tests, 41.

Widal tests.—Sputum for Tuberculosis, 45; Sputum for bacteriological examination, 6.

Bacteriological examinations.—*Faeces*: Dysentery, 114; Typhoid, 181; Tuberculosis, 2; Pus, 9; Throat Swabs, 4; Vaginal Discharge, 1; Gall Bladder, 1.

Chemical examination.—Stomach contents, 1.

Chemical and bacteriological examination.—Milk and food stuffs, 4.

Scrapings for acarus, 19; Vaccines made, 4; C.S.F. complete examination (gold Sol, cell count and other tests including sigma), 40; post-mortems, 111.

Most of the small glass apparatus made in the laboratory.

During 1928 the following Research has been undertaken:—

1. Malarial Treatment of General Paralysis of the Insane. By Dr. G. S. WILSON.

2. It has been found by Mr. T. Reed, the laboratory assistant, in the investigation of faeces for typhoid, that .3 per cent., instead of .5 per cent. as per original formula, Sodium taurocholate gives a better differential growth of bacillus typhosus.

In the preparation of media for the cultivation of dysentery organisms it was found that the use of Andrade's indicator 1 per cent. in place of litmus and crystal violet gave better results.

Publications in the "Journal of Mental Science," April, 1928.

1. Volvulus. By Dr. FRED C. LOGAN and Dr. JANET A. A. SANG.

2. A case in which the differential diagnosis lay between Cerebral Tumour and General Paralysis. By Dr. GEORGE S. WILSON.

3. A case of Actinomycosis treated by Iodine in Milk. By Dr. GEOFFREY TALBOT.

4. A case of Intracranial Tumour. By Dr. C. R. NUNAN.

3. RAINHILL.

By Dr. ARTHUR POOL, D.P.M.

1. Two further cases of *Chronic Progressive Encephalitis* have been fully investigated from the histo-pathological standpoint; and, in addition, the work on *Encephalitis* has been extended to include an investigation into the possible ætiology of the disease. Eighteen cases have been examined bacteriologically, material being obtained from the nasal and accessory sinuses, the subsequent technique following the pathogen selective method introduced by Solis-Cohen and elaborated by Cronin-Lowe. These eighteen cases are at present under treatment with autogenous vaccines. This work, when complete, will, it is hoped, form the basis of a publication.

2. "The end results of treatment of G.P.I."

Since the introduction of the malarial treatment for g.p.i. at the County Mental Hospital in 1923, 41 cases of this disease have been discharged as "cured," 30 of whom have been kept in touch with. These latter have all been examined during the past few months and 14 of them have submitted to further investigation of their blood and cerebro-spinal fluid. The results mental, physical and serological, together with an appraisal of the value of treatment, have been embodied in a paper to be published in the *Journal of Neurology and Psychopathology* for May, 1929.

A summary of conclusions is as follows:—

1. Malarial treatment alone is as effective as the combined therapy (malaria and tryparsamide) in producing a remission of the mental symptoms and changes in the serological reactions.
2. Tryparsamide as an adjunct to malaria acts as a general physical tonic, allaying the motor restlessness and thus making the subsequent nursing through the pyrexial attack less fraught with danger.
3. Tryparsamide is apt to induce serious complications, the more important being visual and hepatic upset. The drug, therefore, should be used cautiously and adequate safeguards and controls (lævulose test and Van den Bergh reaction) employed.
4. Defining the word cure as a complete remission of mental symptoms, serological changes and accompanying physical signs, no case recorded in this series can be said to have been scientifically cured.

By Dr. C. B. BAMFORD.

Acute Dementia Præcox.

There is a certain type of dementia præcox which has recently claimed my attention, and investigation, both clinical and pathological, has been undertaken. These cases, which form a very small percentage of all forms of dementia præcox, have certain prominent features in common. By contrast with the ordinary type, they run a remarkably acute course, and generally end fatally in the matter of a few months. At no time do they show the usual tendency to remit, but continue in the same acute phase to the end. The chief mental symptoms are several, unremitting motor restlessness, great resistiveness, severe confusion and impulsiveness. There is a steadily and rapidly progressive march towards complete mental dissolution. Coupled with these acute mental symptoms, there is a very intense physical deterioration. The body weight rapidly falls, but there are no signs and symptoms of any definite physical disease to account for this rapid wasting.

The comparative rarity of this condition may be inferred from the fact that out of the last 2,000 admissions to this hospital there have not been more than a dozen cases of this acute form of dementia præcox.

So far clinical investigation has failed to throw any light on the ætiology of this condition, but having regard to the profound and rapid bodily emaciation, it would seem that there is some physical basis for it, possibly some severe metabolic disturbance of endocrine origin.

Definite as the clinical picture of the disease is, its pathology is even more striking and constant.

In all the cases which have come to autopsy, the changes are so uniform and constant as to constitute a definite pathological entity. These changes are:—

1. A large macrocephalic type of brain apparently well developed and usually with a highly complex convolucional pattern.
2. A well-marked fibrosis of all the solid viscera, particularly the liver, kidneys and endocrine organs.
3. A definite infantile condition of the cardio-vascular system. The heart is small and tough, whilst the aorta is much smaller, both in lumen and thickness of wall, than normal.

An investigation of the histo-pathological features of some of these cases is being proceeded with.

My conclusions at present are:—

1. That dementia præcox, like many chronic disorders, occasionally runs a very acute course.

2. That there is evidence to regard it as a physical disorder
3. That it exhibits a constant and characteristic pathology.

4. Whittingham.

Routine Laboratory Work.

Urine examined, 1,212; Bacteriological examination of faeces, 281; Urine, 63; Sputa, 211; Throat swabs, 88; Agglutination reactions, 24; Examinations of C.S.F., 534; Biochemical examinations of C.S.F., 534; of blood, 24; Examination of Gastric contents, 31; Autogenous vaccines, 14; Liver function tests (Van-den-Bergh), 7; (Fouchets), 7; Meinicke Micro reaction for syphilis, 748; Blood films examined, 1,786; Pathological specimens cut and stained, 300; miscellaneous pus swabs, etc., 125.

Investigations have been carried out as follows:—

1.—*Kafka Paraffin reaction of the Cerebro-spinal Fluid.*

During the past year an investigation has been carried out with the view of comparing the reliability of this test with the Lange gold and colloidal gamboge test.

About 500 cerebro-spinal fluids have been examined. It is found that in the case of cerebro-spinal fluids which give the typical curve characteristic of general paralysis in the Lange gold and colloidal gamboge the Kafka reaction agrees in practically every case, but on the other hand we have failed to show meningitic curves with this test.

2.—*Sedimentation of Erythrocytes.*

This test is being carried out in certain types of mental disease and in all cases of medical and surgical interest.

3.—*Examination of faeces for Tubercle bacilli.*

The faeces of a large number of patients have been examined for tubercle bacilli and we have found them easily demonstrated. The methods in use are Ligroin and Zeihl Neillson direct method. We have proved the value of the above procedure by finding tubercle bacilli present in unsuspected and unlikely patients, and in patients in whom the sputum gave negative results. In doubtful cases we check the diagnosis of tubercle by cultivation of the tubercle bacilli by the crystal violet sulphuric acid potato medium, and find this method simple and successful with sputa. By using cultivation, inoculation methods may often be unnecessary.

4.—The Meinicke Micro-reaction for syphilis is done on every new admission and is proving a useful routine examination.

5.—The treatment of general paralysis by malaria and tryparsamide is being carried on.

Publications.

1. The Mongol: a new explanation.—By Dr. R. M. CLARK, *Journal of Mental Science*, April and October, 1928, pp. 265, 739.

2. Series of cases of Encephalitis Lethargica at Whittingham Mental Hospital.—By Dr. B. REID, *Journal of Mental Science*, Jan., 1928, p. 87.

3. A Method of Nursing the Helpless and Paralysed.—By Dr. H. T. KIRKLAND, *Journal of Mental Science*, April, 1928, p. 279.

4. (1) An unusual symptom of Encephalitis Lethargica; and

(2) Case of Rupture of the Heart.—By Dr. S. M. ALLAN, *Journal of Mental Science*, Oct., 1928, p. 748.

5. The histopathology of the Parkinsonian syndrome following Encephalitis Lethargica.—By Dr. HELEN S. E. MURRAY, *Journal of Mental Science*, July, 1928, p. 405.

5.—Winwick.

A.—Routine Laboratory Work.

The laboratory record for the year is as follows:—

Photographs, 531; Urine examinations (general), 2,790; Acetone and diacetic acid tests, 269; Microscopic, 678; Examinations of C.S.F.s, chemical and microscopic, Lange and Boltz, 189; Bloods and fluids, 11; Stomach content, 1; Special bacteriological-autogenous vaccines, pus, sputa, throat swabs, urines, faeces, 151; Cultures, 147; Histological and permanent preparations, 62.

B.—Malarial Treatment of General Paralysis.—By Dr. J. GIFFORD, D.P.M., Deputy Medical Superintendent.

During the year under review there were admitted only 23 male general paralytics, and of these 13 were very advanced and unfit for treatment, of whom 9 died in two to four months and two soon after; two in failing health remain. Of the ten in earlier stages, only five entered in the first eight months of the year, and under these circumstances it was not possible to maintain a continuous malarial strain. Five are at present undergoing the treatment. Among older cases no malarial relapses have occurred. The total number of g.p.i.s now in the institution number 47, of whom 35 treated in the preceding five years are now classified as follows:—

Outdoor workers	...	...	...	...	...	...	7
Consistent workers in wards	...	...	...	...	...	...	8
Dull and apathetic	...	...	...	...	...	...	7
Recurrently unstable (excitement and restlessness)	...	...	...	...	...	...	10
Intermittently in bed with confusion	...	...	...	...	...	...	1
Bedridden and deteriorating with stupor	...	...	...	...	...	...	2
Unclean in habits and destructive	...	...	...	...	...	...	0

Urinary retention is an occasional factor in only six cases, and in this group the incidence of cerebral seizures is so far less frequent and of reduced severity.

C.—By Dr. FLORA H. M. CALDER.

1.—*Effects of Abdominal Pressure in the Puerperium on Insanity.*

On the understanding that insanity definitely related to pregnancy is due to either:—

(i) *Increased pressure* of the uterus on the splanchnic nerves—giving rise to an increased blood pressure—and thereby producing *Melancholia*, or

(ii) *Toxic Factor*—producing cerebral irritation—and thereby *Mania*, different lines of treatment have been employed in these two conditions after labour.

In *Melancholia*, which has been produced by the mechanical effects of a gravid uterus, the aim is to apply no abdominal pressure in the puerperium; therefore no “binder” is used.

In *Mania*, on the other hand, the aim is to apply as much abdominal pressure as possible, in the hope that, having got rid of the toxic factor, the increased pressure applied to the abdomen will bring about an increased arterial pressure and the lessening and gradual clearance of the maniacal state.

An ordinary binder is not sufficient for the necessary abdominal pressure—the binder ought to enclose several layers of folded towels.

This line of treatment has been carried out here on several cases with favourable results.

2.—*Mental Regression in a case of “Psychic” Epilepsy.*

The patient (A. H.), aged 40, was admitted in June, 1927, as a case of Manic Depressive Insanity. There was nothing in her family history and nothing in her own history, apart from a probably not too happy married life and a child 18 months old, over whom she had been worried.

By March, 1928, she had improved considerably, but was still simple, petulant and fretful. Her relatives applied for her discharge, but this was postponed for at least two months. The day on which she was informed of this she had what appeared to be a very severe true epileptic fit, which necessitated her being put to bed. In the evening she had another very heavy fit; she remained completely stuporosed for 2 or 3 days, after which it was noticed that she had mentally regressed to the stage of infancy. She was restless, helpless, wet and dirty in habits, had a fretful cry and made inarticulate noises. Gradually she progressed to the stage of sitting up in bed, pointing to things round about, smiling and babbling like a child and employing baby talk. Up to this stage she allowed everything to be done for her. From this onwards she began to "grow up," her speech became clear, she became talkative and boastful; but still markedly childish in her outlook. By the end of a month from the date of her fit she was able to be up in the ward again.

By June she had definitely improved, but remained simple and childish. The question of her discharge again arose, but was once more postponed, and once more when she learned of this postponement she had a very severe fit, after which she was stuporose for 3 or 4 days and died.

A post-mortem on the brain showed nothing abnormal, not even congestion of the meninges.

Were her fits the physical manifestations of a desire to throw off the shackles of this world?

3.—*The Physical Basis of Insanity.*

An attempt is being made, along the following lines, to correlate abnormal mental states with pathological cerebral states:—

Conscious states, or cortical activity, is regarded as the train of transmission between the neurones.

Delirium and Confusion are due to a continuously changing combination among the neurones. Synaptic relations are continuously and irregularly made and broken.

Melancholia is due to a depression of the function of the synapses—neurones freely discharge energy *en masse*.

Fixed Delusion is due to a constantly recurring relation between sets of neurones. Any stimulation results in the old combination.

Mutism, Automatizing, Perseveration, etc., results from a lowered level of the intensity of the metabolic processes of the neurones.

Hysteria is due to a functional gap at the synapses, etc., etc.

Cases of the following cerebral states are being examined in detail:—

- (a) Toxic states.
- (b) Degenerative states.
- (c) Cardio-Vascular changes.
- (d) Neoplastic changes.
- (e) Traumatic states.
- (f) Functional disorders.

D.—By Dr. MARGARET A. QUINE.

1. *Notes on a Cerebral Vascular Lesion occurring after Chorea and followed by Insanity.*

The patient (N. H.), a woman of 35 years, died from cardiac failure following two unusually severe fits. During life she had been healthy and active in spite of mitral disease. She was also simple-minded, confused, but only bad-tempered before the fits. At the post-mortem examination the cardiac lesion was verified and the usual meningeal congestion was present, but also it was found that the pia-mater bridged over a wide, shallow depression along the course of the anterior ascending frontal branch of the middle cerebral artery, which was enormously dilated to the

extent of $\frac{3}{8}$ inch in diameter. The underlying cortex, i.e., superior and middle frontal and lower precentral gyri were atrophied from pressure of the vessel. The tip of the temporal pole was small and wasted, evidently from partial occlusion of the branch of the middle cerebral artery supplying this region. The dilated ascending frontal branch and main trunk of the middle cerebral artery were closely bound by old organised exudate to the surrounding thickened meninges.

Microscopic Findings.

Section of Vessel.—Coats thinned but intact.

Section of Lower precentral Convolution.—Supragranular layer of cells minute and atrophied. Neuroglia relatively much increased. Deep cells and Betz cells mainly healthy.

Section of Temporal Pole.—Superficial and deep cell longer atrophied. Plasma cells numerous.

The interesting point is that up to 14 years, when she was suffering from chorea, the patient had apparently been normal. Two years later she developed epilepsy, to be followed at the age of 23 years by a complete mental breakdown.

One is therefore forced to the conclusion that both the Epilepsy and Insanity were direct results of the infection which caused the chorea and endocarditis.

2.—An Interesting Case of Cerebral Gummata.

The case (C. F.) was a patient here for two years, but no nervous symptoms apart from defective emotional control were observed; the least stimulus produced an exaggerated emotional response. Her death occurred six weeks after a cerebral seizure which left a right-sided paralysis, and just before death a further seizure partially affected the left side. At the post-mortem, on opening the Dura-mater, a growth bulged out from the left Post Central area. A similar more extensive and necrotic mass was found in the region of the left Basal Ganglia, destroying the Thalamus. On microscopic examination these masses proved to be gummata.

When up in the ward during life the only noticeable effect was loss of emotional control; while confined to bed after the seizure, in addition to the paralysis, she also showed a marked hyperalgesia over the affected parts of the body to such an extent that nursing was very difficult.

(Her husband informed us that she used to suffer from severe headaches before her mental breakdown.)

3.—Old Hæmorrhagic Cysts in the Brain Associated with Illusions and Hallucinations.

This case (E. B.) was an ordinary one of arterio-pathic Dementia who displayed the following symptoms:—

(i) Visual Hallucinations.

(ii) Illusions. She sometimes mistook nurses for men.

(iii) Olfactory Hallucinations. She complained of poisonous gases around her and would dust imaginary obnoxious particles off her clothes.

At the post-mortem examination, in addition to the ordinary signs of arterio-sclerosis, there was found in the brain two small hæmorrhagic cysts:—

(a) Lay in the right occipital pole immediately beneath the grey matter.

(b) Lay in the left side in the white matter lying over the posterior part of the body of the lateral ventricle (dia. $\frac{3}{4}$ inch).

From the destruction of fibres in these two areas one could assume the origin of her hallucinations and illusions lay in this organic basis.

E.—By Dr. J. ERNEST NICOLE, D.P.M., Senior Assistant Medical Officer.

Publications.

1.—*Type Psychology. Journal of Mental Science*, April, 1928, p. 223.

Type Psychology: its importance in Mental Hospital Practice.

After referring to some of the modern doctrines of characterology, a general and elementary description of Jung's eight main types is given, with an attempt at pointing out some of the links between Jung's psychology and other lines of approach. A few suggestions are made concerning the application of type psychology to the treatment of patients and to mental hospital practice generally, emphasis being laid on its use in dealing with and controlling the staff; included are such aspects as methods of ruling, the possibility of collaboration between different types, forecasting of capabilities for higher positions, foreseeing the liability of certain types to being exploited or falsely accused, and generally estimating the fitness of the staff for their work.

2.—*Some Tentative Conclusions on the Boltz Test in General.*

The literature is first reviewed, and then the general results are given of 346 Boltz tests, contrasting these with the results obtained with 672 globulin and colloidal gold tests. The general conclusions arrived at were as follows:—

(i) The Boltz test is not usually positive in the cerebro-spinal fluid except in presence of general paralysis.

(ii) The test does not always agree with the globulin test, and may be positive when the latter is negative, and vice-versa.

(iii) A positive Boltz is almost invariably an indicator of general paralysis.

(iv) A negative Boltz is not a reliable indicator of the absence of general paralysis, at least in its earlier stages.

(v) The test tends to change after malarial treatment, but not as frequently as the globulin one.

(vi) When the test does alter, it does so less rapidly than the globulin one.

(vii) When a recession of an improved fluid occurs, the Boltz test tends to remain negative for a longer period than the globulin reaction.

6. CALDERSTONES (Mental Deficiency Institution).

Dysentery, Female Side.

October, 1928.—There was a fresh outbreak of dysentery commencing September 17th.

The outbreak occurred mainly in X 1 ward (low grade schoolgirls), which was responsible for 23 cases. An organism of the Flexner group was found in 22 of these cases without any difficulty.

In S 1 ward there was a small outbreak of mild diarrhoea at the same time and two patients passed blood and mucus. It is noteworthy that no pathogenic organisms were found in any of the other cases in this ward, although the specimens were examined according to the same routine as those from X 1.

One adult female patient employed as a cleaner on X I had a mild attack and an organism of the Flexner group was found in her stools.

One patient in J 1, recently transferred from R 2, with what appeared to be a severe cold, passed frequent green stools containing much blood and mucus, from which *B. Morgan* and *B. paracoli* were isolated.

One low grade patient from O 1 passed green stools and blood and mucus, and *B. paracoli* was isolated from her stools.

Of the 28 patients affected, 9 had a previous attack, but their stools

had been examined during the current year and had been found negative for six successive specimens.

Clinically, the attacks were mostly mild, many cases being entirely efebrile, blood being absent in many cases and small in amount in the remainder. The diagnosis of dysentery was made in the majority of cases on bacteriological evidence. In all those in whom an organism of the Flexner group was found, recovery has been rapid, and in all except 8 the stools are now normal in appearance and the nutrition good. In two cases the progress has not been satisfactory: in one no abnormal organisms were found, whilst from the other *B. paracoli* was isolated.

The stools of the remainder of the children in X 1 have been systematically examined bacteriologically with negative results.

The attached sheet gives the distribution of the organisms in tabular form.

		Fresh Cases.					Old Cases.			
		J.1	M.2	X.1	O.1	S.1	X.1	S.1		
B. Dys. Flexner-Y.	...	—	1	15	—	—	7	—		
B. Morgan	...	1	—	—	—	—	1	—		
B. paracoli	...	—	—	—	1	—	—	1		
No pathogenic organism	...	—	—	—	—	1	—	—		
Total	...	1	1	15	1	1	(19)	8	1	(9) Total - 28

March, 1929.—Since the last report in October, 1928, the following fresh cases of dysentery have been notified:—

			Males.	Females.	Total.
X.1 Ward	...	...	—	1	1
S.1 Ward	...	...	20	—	20
J.2 Ward	...	...	—	1	1
R.1 Ward	...	...	—	1	1
					23

All the cases were low grade children except two.

The case occurring in J 2 ward was a medium grade woman employed as a cleaner on S 1 ward.

The case occurring on R 1 ward is a low grade imbecile adult aged 38 years. At present no conclusion has been reached as to the source of the infection, as she has not been in any way in contact with patients known to have had dysentery.

The onset has been in many cases insidious and the Flexner organism has not been easily found. The diagnosis has rested in some cases on the presence of other abnormal organisms, on agglutination reactions, or on the repeated presence of mucus in the stools. Fever has been absent, or so slight and transient as to escape observation, in the majority of cases.

ORGANISMS FOUND.				
B. dysentery Flexner Y	...	...	...	6
B. dysentery Flexner Y and b. Morgan No. 1	...	...	...	2
B. proteus asiaticus	...	...	...	1
Salmonella guimai	...	...	...	2
B. coli mutabilis	...	...	...	1
No abnormal organisms found	...	...	...	11
Total	...	...	...	23

All 8 cases in which *B. dysenteriae* Flexner Y was found were characterized by the presence of blood and mucus in the stools and a febrile onset. In one case, however—that occurring in R 1 ward—there was only one piece of mucus streaked with blood in a relaxed stool passed after a dose of calomel.

The case in which *B. proteus asiaticus* was found was found to have 35 agglutinin units per c.c. of blood against the standard Oxford Flexner V emulsion. This organism was found in one other case of simple diarrhoea, but as in this case the agglutination reaction gave only very low readings well within the limits of normality, the patient has not been treated as a case of dysentery.

Salmonella guimai was associated with both blood and mucus in the stools, though the disease ran a mild course. In these two cases the agglutination reaction gave low readings.

B. coli mutabilis has not previously been regarded as pathogenic, but was found in one case associated with repeated mucus in the stools and a definitely positive agglutination reaction.

In eleven cases no abnormal organisms were found. In six cases the agglutination reaction was positive. In the remaining five mucus and relaxed stools were persistently present, and it was considered safer to segregate them and treat them as cases of dysentery.

Clinically, only eleven cases showed blood in the stools. Mucus was present in all cases except one. In this case the stools were repeatedly relaxed and the patient's serum was found to contain 56 agglutinin units per c.c. against the Standard Oxford Flexner V emulsion.

Segregation of Patients who have had Dysentery.

All patients who have had an attack of dysentery are now segregated in three wards:—

K 1. All cases under active treatment; the very lowest grade cases. Three high grade adults employed as workers.

X 1. All female cases not under active treatment.

S 1. All male cases not under treatment.

None of these patients attend any of the workrooms or the school. Associated amusements are attended by the three high grade patients in K 1 on the understanding that they do not make use of lavatories, etc., other than those on K 1. This concession is necessary to keep these patients reasonably contented.

The boys in S 1 who had not had dysentery were all tested by agglutination reactions before they were transferred to other wards to make room for those who had had an attack of dysentery.

Five female patients who have had an attack of dysentery remain on the general wards. It is not regarded as necessary to segregate these, as their agglutination reactions are within normal limits and they have shown no sign of dysentery or of being a source of infection for several years.

VII.—FROM THE LONDON COUNTY MENTAL HOSPITAL, BANSTEAD.

Treatment of General Paralysis with Relapsing Fever, Saproviton and Milk Injections.—By Dr. A. A. W. PETRIE, F.R.C.S., D.P.M., Medical Superintendent.

1. *Relapsing Fever.*—Twenty-eight cases were injected. One did not take and another only showed a slight reaction. One case mentally resembling g.p.i., but really a case of mania, was injected and recovered quickly and completely.

The material was obtained from the blood of mice infected with spirochæte Duttoni injected into the abdominal muscle. This was obtained from Dr. Golla, Pathologist of the L.C.C. at the Maudsley Hospital, who obtained the strain from the London School of Tropical Medicine.

The incubation period was generally from 5 to 7 days, the initial rise of temperature lasting 3 to 4 days. A relapse usually occurred about the 16th to 20th day. Three or four pyrexial periods usually occurred, but in two cases six distinct high pyrexial periods occurred. At times the fever dwindled away in a low pyrexia. No marked enlargement of spleen or

liver occurred and, except in one case, no collapse followed in this series. The only sequelæ noted was a definite Bell's palsy in four cases, three of which were females; this came on after a week or so of infection and lasted about three weeks; in time it cleared up entirely.

The cases all had positive Wassermann reaction in their blood serum and all, with one exception, had positive reactions in the c.s.f., nearly all cases being strongly positive and having typical parietic curves in the Lange reaction.

The original figures prepared within a year of the treatment showed:—

			M.		F.		T
Discharged improved	...	...	5	...	2	...	7
Showed some improvement	...	...	5	...	0	...	5
Unchanged	...	...	6	...	3	...	9
Became worse	...	...	1	...	1	...	2
Died	...	...	3	...	0	...	3

Of the cases discharged as improved: One was transferred to another institution. One of the cases had a negative c.s.f., although presenting symptoms of infection of the central nervous system. Of the 5 which showed some improvement, two showed a very marked mental remission with improvement in physical signs, and in one case diminution of the intensity of the Wassermann reaction.

A review, after a second year, of these cases, which showed some improvement, but not sufficient to justify discharge: Two show distinct retardation of the progress of the disease, but two have relapsed and one has died.

Of the 9 showing no change: Three show distinct retardation of the progress of the disease, and one has died, bringing the total deaths in the series up to 5.

From the Banstead experience the percentage of distinctly improved is little lower than the general figures given for malaria and other treatments. A fair proportion also showed retarded deterioration.

The infection did not prove dangerous and, in two cases when pyrexia seemed likely to persist, giving N.A.B. appeared to check further progress.

It is fair to say that some other cases inoculated from the same strain gave unfortunate results, indicating that at times inoculating with Relapsing Fever may prove dangerous and difficult to control.

At times the spirochætes were not easy to find in blood films. Blood counts done by my former colleagues, Dr. W. A. Caldwell and Dr. H. W. Eddison, showed there was some leucocytosis to about 15,000 with a relative increase of large lymphocytes or hyaline cells.

2. *Saprovitan*.—Eleven cases of injection with saprovitan have been tried, 9 male and 2 female cases, and only one has shown any real improvement.

The results are distinctly disappointing. The temperatures have generally been produced quite reliably by the injections, and have gone up to 105° F.

Although it is not attended with undue risk, it does not appear to lead to any real remission in the bulk of the cases.

The series quoted have mostly been completed nine months ago, so improvement should have had time to appear.

3. *Milk*.—The treatment by Protein Shock Therapy is quoted by various German observers as giving good results, little worse than those given by malaria, etc.

A pyrexia is described rising up to about 102° F., the method employed being to inject a solution of milk either alone or combined with courses of salvarsan.

Between 50 and 100 cases have been injected with milk at Banstead with little or no result. Some of these cases were those of general paralysis.

The technique employed was to inject 10 c.c. of milk solution into the buttock muscles, as subcutaneous injection appeared even less effective.

The matter appears to hinge on the question of sterility.

Sterilization by auto-claving under steam pressure obviously reduces the protein content of the milk, as does boiling for, say, five minutes.

Bringing milk to the boil, which appears to be the method of some workers, affects the protein content less, but does not usually sterilize the sample. Similarly heating at 60° C. for half an hour may not sterilize the sample.

It is, however, possible by cleaning the udder of a cow and milking into a sterile vessel to obtain, at times, samples which prove sterile after heating at 60° C. for half an hour. This method has little effect on the protein content.

The injection of such sterilized samples of milk usually produced no reaction of temperature, although occasionally slight reactions to 100° F. and 99.6° F. occurred in cases with some evident infection, such as cystitis, etc. Such slight reactions only occurred in about 10 per cent. of cases.

Samples of milk, brought to the boil or pasteurized but which still contained saprophytic bacteria, on intramuscular injection, produced temperatures of 102° F. and 103° F., such as are described, without, however, producing abscess formation or other evident sepsis.

It therefore seems probable that the results claimed for this method are mainly due to the reaction to organisms which still remain in the injected fluid and not to a protein reaction.

VIII.—FROM THE LONDON COUNTY MENTAL HOSPITAL, BEXLEY.

Report of work carried out by Dr. John Brander, D.P.M., Deputy Medical Superintendent.—Communicated by Dr. G. CLARKE, Medical Superintendent.

General Paralysis.—Extensive histological studies have been carried out in cases dying at various periods after treatment with malaria and in cases not so treated. The object of the studies was to ascertain the nature of changes induced by treatment, particularly with regard to the suggestion that malaria tends to transform so-called parenchymatous syphilis into ordinary tertiary disease of the brain and membranes. It has not yet been possible to arrive at definite or constant conclusions, but the subject is being submitted to further investigation.

The clinical history of cases of general paralysis admitted to the hospital during two five-year periods, 1910-14 and 1921-25, has been carefully investigated, and a study of these suggests that many of the conflicting results recorded by different observers may be attributed to the standards employed in diagnosis. This matter formed the basis of a short contribution to the annual meeting of the Royal Medico-Psychological Association in July, 1928.

Pituitary.—In view of the number of cases which enter a mental hospital with clinical evidence of disease of this organ, a study has been made of a series of cases. These seem to throw fresh light on the mode of functioning of this organ. There have also emerged certain points in connection with the anatomical structure and relations of the pituitary, which, if confirmed, may prove of the greatest interest and practical value.

IX.—FROM THE LONDON COUNTY MENTAL HOSPITAL, CLAYBURY.

General Report.—By Dr. G. F. BARHAM, Medical Superintendent.

During the year 6,063 investigations were carried out in the laboratory.

An investigation was carried out by Dr. G. de M. Rudolf into the comparative results of the Wassermann reaction and the Meinicke micro-reaction in the serum. Some 500 investigations were made, and the result, which is to be published, showed a discrepancy of 20 per cent. It may be remarked, however, that a similar discrepancy may occur between the

results of the Wassermann reaction itself when carried out under different technique.

Wang's medium for the rapid growth of the tubercle bacillus has been made. Organisms which have been planted and grown on the medium from hospital specimens have corresponded to those described by Wang as being bacillus tuberculosis. The colonies are recognized in 24 hours.

A series of investigations were carried out by Dr. R. G. B. Marsh, in conjunction with research work at the Maudsley laboratory. These included:—

- (1) Investigation into the Ph. value of day and night specimens of urine in all male admissions.
- (2) Observance of Ph. value of urine of a case of manic-depressive insanity.
- (3) Observance of the "Alkaline tide" in two cases of imbecility under a constant diet both with a depressant drug and under the influence of thyroid extract.
- (4) The determination of the increased volume of respiration under the action of 2 per cent. CO₂ in the air on some cases of dementia præcox.

The results are incorporated in two papers in *Journal of Mental Science*, July, 1928:—

- (1) "The Significance of Urinary Reaction in Psychotic Subjects." Mann and Marsh.
- (2) "The Respiratory Regulation in Psychotic Subjects." Golla, Mann and Marsh.

The following is an abstract of an investigation by Dr. J. C. Ramsey now in the press:—

"Treatment of Idiopathic Epilepsy by Induced Malaria."

The suggestion of the use of malaria as a therapeutic agent in epilepsy was given by the fact of the known beneficial effects of other specific infections in the disorder. It appeared, furthermore, from the frequently noted reduction in the frequency of attacks following the injection of various foreign proteins, that the liberation of parasites and red cell stroma into the blood stream might be expected to have similarly favourable results. It was expected that cases showing hypersensitivity to proteins, as demonstrated by the presence of Widal's hæmoclastic crisis, would show a response, having undergone some degree of non-specific desensitization, an end which is admittedly attainable in asthma, urticaria, and other anaphylactic conditions. Six cases were accordingly inoculated, four of whom showed the hæmoclastic crisis, the remaining two responding to the injection of milk by a leucocytosis. Of the first group, three showed a temporary reduction in the frequency of the attacks with a subsequent increase. The fourth showed no change during the period of malaria, followed by absolute cessation for a month, when death occurred. Cell counts done on two patients during the febrile period showed a definite reversal of the leucopenia. The fifth and sixth cases showed a temporary reduction in the number of their fits with a subsequent increase.

Further work on the subject is being undertaken, but the results so far attained demonstrate that temporary benefit only is to be hoped for, and suggest that desensitization is not the only factor concerned.

X.—FROM THE LONDON COUNTY MENTAL HOSPITAL, HORTON.

General Report.—By Lieut.-Col. J. R. LORD, C.B.E., F.R.C.P.E., Medical Superintendent.

Analysis of Pathological Investigations:—

Urine examinations: Routine chemical, 3,469; Bacteriological, 50; Sugar estimations and examination for acetone and diacetic acid, 420; Diastase reaction, 22; Urea concentration, 14.

Stools : Complete examinations for enterica organisms B. Dysenteriae, etc., 83 ; number containing B. typhosus, nil ; B. paratyphosus A, nil ; B. paratyphosus B, nil ; B. dysenteriae, nil ; 30 examinations for B. tuberculosis ; (none contained T.B.) ; 21 examinations for occult blood.

Blood : 14 agglutinations for enterica group (no specimen contained agglutinins for the enterica group) ; 24 urea estimations ; 72 for sugar content ; enumeration of red and white cells and differential count, 14.

Pus : 47 examinations for pathogenic organisms.

Throat Swabs and Culture for B. diphtheriae, etc., 57.

Sputum : 76 examinations for T.B. and other pathogenic organisms.

Gastric contents : 15 complete examinations.

Tissues : 241 histological examinations (including brain and spinal cord).

Post-mortem examinations were held on 65 patients.

X-Ray Department.—Activities in the X-ray department have increased considerably during the year. This department does radiography for the neighbouring L.C.C. mental hospitals.

The number of successful plates registered was 441, an increase of 167, and the total number of cases examined was 362, an increase of 76.

Actino-Therapeutic Department.—During the last year treatment has been carried out by means of Mercury Vapour, Carbon Arc, and Tungsten Arc lamps.

Forty-nine patients have received treatment in the Actino-Therapeutic department during the last year. Twenty-four of these patients were treated for some physical lesion, e.g., impetigo, alopecies, chronic sinus, etc., and 25 were chosen for treatment on account of their mental and general physical conditions.

The chief types of mental cases were:—

Confusional insanity, melancholia, dementia præcox, manic-depressive insanity, and the psychoses of toxic cause. The majority of toxic cases showed marked benefit physically and mentally, but the best results were obtained with the melancholias associated with the menopause. Confusional cases showed only slight improvement. Cases of dementia præcox did not as a rule benefit. In severe cases of melancholia, where the patients were agitated and restless, light treatment proved useless and was stopped. In the manic-depressive cases the results were variable, but frequently the patients were more restless after periods of irradiation and the treatment had to be stopped.

In those who derived benefit from the treatment there was an increase in weight and in appetite, and the patients had a more healthy and less "sun-starved" appearance.

Among the special observations, the records show a very slight increase in the number of red cells with a marked leucocytosis. Blood counts were done at three monthly intervals. The blood pressure showed no change.

Gynæcological Department.

Total number of cases examined, 214 (new admissions, 176 ; special cases, 38).

Number of cases showing abnormalities, 33 : constituting 15·4 per cent. of cases examined.

The conditions found were as follows : Fibroids, 5 ; Prolapse, 11 ; Functional Menorrhagia, 9 ; Endometritis, 3 ; Cancer of Cervix, 2 ; Cancer of Rectum, 2 ; Senile Vaginitis, 1.

Operations performed, 6 (major, 2 ; minor, 4).

It should be noted that the 15·4 per cent. of cases referred to above are cases of organic disease only, and are exclusive of functional abnormalities which are difficult to classify statistically. Reference to the latter would add considerably to the length of this report and has been omitted.

Comparing the year's experience with that of 20 years ago, there has been a notable decrease in the incidence of venereal and other infectious and septic conditions; a matter of some sociological interest.

It points to a commendable improvement in personal hygiene and cleanliness.

In January, 1928, a new form of menstrual chart was introduced in all the wards. This chart is part of the clinical records of every patient not definitely past the menopause, and in nearly all cases has been carefully and accurately kept by the charge nurses, and has proved a satisfactory means of recording a patient's menstrual history.

General Paralysis, Malarial Therapy.—Treatment, combined with experimental and research work, has continued unremittingly in co-operation with the Ministry of Health.

The accommodation at this centre falls a little short of what is really required if full advantage is to be taken of its administrative and therapeutic facilities.

The Sub-Committee, therefore, have under consideration a proposal to add another small dormitory which will permit of a better classification of cases and methods of treatment.

It should be remembered that each case treated at Horton is the subject of intensive research and not of a routine treatment. The number of cases that can be dealt with at one time on these lines is therefore limited.

The treatment centre has been kept full during the year. Forty-four cases have been admitted, 13 direct and the remainder from other London County Mental hospitals—all females. It will be possible to admit a few men for treatment if and when the additional dormitory is added.

Of the 44 cases treated by malarial infection, all but 4 were by direct mosquito bite.

Serological reactions for general paralysis were positive in all cases. Twenty-four cases—54.5 per cent.—have definitely improved, and at the date of writing this report 10 had returned home “recovered” or were out “on trial.” The remaining 14 are not yet well enough for “trial.”

In 11 cases there was no noticeable change, but 3 of these were transferred elsewhere on fresh adjudication, and their subsequent history is not yet known. Three cases definitely degenerated and 6 died. None of the deaths had any direct relation to malarial treatment.

From an analysis of the estimated date of onset of the disease it is to be observed how important it is that a diagnosis should be arrived at as soon as possible. Of the 10 cases discharged “recovered,” 6 have a history of less than six months' duration on admission, and 3 of the remaining 4 of less than a year.

On analysis of the different clinical types it is found that, whether euphoric or depressed, all reacted equally well, about 50 per cent. of these cases being discharged. Of the simple dementing type (19 cases)—the largest group of the lot—one was discharged, 5 improved, 11 no change, and 2 deteriorated. All these cases were treated by benign tertian fever, at present the usual mode of treatment adopted in this country.

In August, however, a strain of quartan malaria was secured from Hamburg. This strain has been employed by blood inoculation in eight cases, but it is too early to give results. Moreover, the cases selected were of the senile type who could not tolerate a full course of benign tertian. Professor Kirschbaum, of Hamburg, claims 50 per cent. recovery by treatment with quartan malaria. From the limited experience at this hospital it appears that quartan malaria can be employed in much more debilitated types of cases. Patients so treated can withstand the fever for a longer time and never show ill-effects physically. The load of nursing is also lightened.

The ultimate recovery rate in regard to these 44 cases (including those who died) will probably be about 40 per cent.

XI.—FROM THE LONDON COUNTY MENTAL HOSPITAL, WEST PARK.

Oculogyric Crises in Chronic Epidemic Encephalitis.—By Dr. P. K. McCOWAN, M.R.C.P., D.P.M., and Dr. L. C. COOK, D.P.M.

I.—Oculogyric crises are unknown apart from epidemic encephalitis, and it is only of comparatively recent years that they have appeared in connection with the present epidemic. The authors deal with 123 encephalitics certified under the Lunacy and Mental Deficiency Acts; and of these, 23 exhibited the phenomena under discussion. The earliest case commenced in 1923, and the earliest epidemic which led to a case was that of 1919. The shortest interval between the acute attack and the appearance of the crises was a few months and the longest 8 years. The crises were not found to be associated with any particular mental type of encephalitic, but all the cases showed some degree of Parkinsonism. Other ocular symptoms were not found more frequently than in the ordinary encephalitic not subject to crises. The crises are in the nature of time seizures, are not necessarily confined to the eye muscles, and a spread to the muscles of the head and neck is not uncommon. Physical pain is an unusual concomitant, but physical distress of various kinds is very common.

The eyes may become fixed in any position, and this position may change during a crisis, or from one crisis to another. In one case the eyes took up a position of forced convergence; and, in three, a fixed stare to the front has been observed. This variability is important in determining the site of the lesion.

The duration of the attack varies from a few seconds up to several hours, and attacks in the same patient may vary considerably in this respect.

The majority of patients show a predilection for certain times of the day, and this is doubtless to be correlated with the effect of fatigue and emotion as determinants of attacks. In the majority of attacks no precipitating cause can be found.

It is occasionally possible to shorten or to prevent attacks, and Suggestion is the most potent agent in this respect. Each patient usually finds some means of allaying the discomfort incident to the crisis, lying down with eyes covered being the most common.

It is misleading to regard these crises as hysteriform in nature. The undoubted similarity between the results of precipitating and inhibitory factors in hysteria and encephalitis should not be strained, as variability of symptoms depending on suggestion and emotional factors is not confined to hysteria, but is present to some extent in practically all diseases of the nervous system.

The increased suggestibility of the encephalitic is due to an interference with normal cortical control and a cutting off of its inhibitory influence.

The abolition of cortical inhibition explains the release phenomena of different subcortical centres manifested clinically as tonic fits, ocular spasms, respiratory crises, myoclonias, emotional facility, paradoxical reactions, etc., the particular manifestation depending on the site of the lesion.

The causal lesion of oculogyric crises lies in associational mechanisms situated above the four supranuclear centres subserving conjugate movements, the theory being accepted that there is a supranuclear centre for lateral conjugate movements, and one for vertical movements on each side.

The effect of emotion on the crises is probably indirect, brought about by an inhibition of the already enfeebled inhibitory fibres from the cortex.

In a certain proportion of the cases the crises tend to disappear with time, and this is especially so in cases treated with hyoscine.

A large proportion of encephalitics who suffer from oculogyric crises subsequently require certification, a fact which should be correlated with the loss of cortical inhibition in these crises and in encephalitic psychoses. (Published in *Brain*, 51, 285-309, 1928.)

II.—The Ocular Syndrome in Epidemic Encephalitis. By P. K. McCOWAN and L. C. C. COOK. To be published in *The Mott Memorial Journal*.

XII.—FROM THE LONDON COUNTY (MAUDSLEY) HOSPITAL.

Abstracts of Publications.

A.—By DR. EDWARD MAPOTHER, F.R.C.P., F.R.C.S., Medical Superintendent.

1. *The abilities of Man.*

A critical review of Professor Spearman's book with the above title, and a consideration of the relations to psychiatry of his doctrine that individual differences in cognitive capacities result from four universal factors which are independently variable (constituting "general intelligence") and from a large number of specialized factors. *Journal of Mental Science*, January, 1928.

2. *The Aetiology of Alcoholism.*

It has been common knowledge for thousands of years that men drink for one or both of two motives: (1) to produce pleasure or (2) to reduce displeasure.

The first motive depends upon (a) a general influence in producing euphoria—this cannot be wholly referred to disinhibition; (b) a personal effect leading to positive gratification by reduced resistance to particular "temptations," e.g., sexual cravings.

The second motive likewise includes (a) general dulling of discontent; (b) blunting of any special regret, remorse or doubt by which the individual may be habitually tormented.

The claim that recognition of such motives is a discovery of modern psychology can hardly be maintained in face of clear expression of them in the Bible and in the Bacchæ of Euripides.

Attempts to force the facts with constancy into some narrow formulæ such as those of the Freudian school fail to convince the vast majority of those with experience.

"Vin triste" or palliative drinking (for motives of the second class) is the more likely to lead to habitual and pathogenic excess. But "Vin gai" or joyous drinking is so much more common that it causes the bulk of drunkenness and alcoholic disease. The enormous reduction of these evils in England since the war by making liquor dearer is good evidence; cost is relatively ineffective where drink is regarded as an essential palliative.

Brief reference is made to our almost total ignorance concerning the anatomical and biochemical basis of the following: (1) the euphoric and narcotic effects of alcohol; (2) addiction and distaste; (3) susceptibility and immunity. Only understanding of such points would give the scientist special authority in devising prophylaxis. Meanwhile the practical contest remains one between boost and cost—a contest in which the politician will count for more than the psychologist or the pathologist until the latter have something novel to say.

The issue is complicated in a minor way by the influence of Race (e.g., rarity of addiction in Jews), Family, Individual Constitution, Education and Personal Experience.

Emphasis is laid by different observers (1) on factors that are innate or acquired; (2) on the effects of experience or on physical bases apart from this; (3) on general psychopathic constitution or on specific craving. All such differences express mainly the bias of the observer; interaction of factors seems the rule.

Paper read at Joint Meeting of Section of Psychiatry of Royal Society of Medicine and Medical Section of British Psychological Society, March, 1928. *Proc. Royal Society Medicine*, 1928.

3. *Mental Hygiene.*

The term properly includes prophylaxis of such social maladjustments as pauperism, crime and vice (including alcoholism and prostitution), since these are entirely continuous with mental deficiency and mental disorder in the restricted sense. Confining attention even to cases that are admittedly within the province of the doctor, cost is incalculable. The economic results include not only diversion of the labour of others to maintenance of the patient, but also loss of his productivity and often disorganization of the productivity of others. Concentration upon the first item of cost and cold-blooded efforts to reduce it to a minimum may perhaps be economically unsound.

Except in relation to organic mental disorder, prophylaxis and early treatment are inseparable. Present requirements include adaptation to patients in numerous ways of formalities and facilities for institutional treatment. The most important single step is the provision in England, as in progressive countries generally, of special clinics for separate treatment of recoverable cases, and for research and teaching. The chief danger is official advocacy of cheap substitutes, such as out-patient clinics, beds in general hospitals, and permission for the admission of voluntary patients to mental hospitals for the chronic and unwilling. The cost of special clinics can be made quite low by including provision of beds for patients paying five or six pounds per week. Paper read at meeting of Society of Medical Officers of Health, December, 1928. Published in *Public Health*," 1929.

4. *The Work of a Psychiatric Clinic.*

There is a close relation between the functions of a clinic and those of such organizations of social workers as the Voluntary Association for Mental Welfare. Both deal essentially with borderland conditions for which permanent institutional treatment is undesirable. The association has hitherto been primarily concerned with mental defect rather than mental disorder, but attacks of the latter are very commonly superimposed on minor degrees of the former.

It seems advisable that all arrangements for the borderland cases of both classes should be in the hands of the same central and the same local authority; thus much extravagant duplication could be avoided in such matters as ascertainment, investigation of social setting, protection, assistance to get suitable employment or provision of this.

A subsidized organization on the lines of the Voluntary Association of Mental Welfare co-ordinating similar work for the defective, the borderland psychopath, and the neurotic, would be of great assistance to clinics where these are possible, as in large towns. On the other hand, the clinic should undertake the treatment of brief attacks of neurosis and psychosis in the defective as well as in the normal. Since the causes leading to amentia clearly lead secondarily to psychosis, investigation of these causes is a function of the clinic. Lastly, the clinic should provide for social workers varied courses of training, graded according to the degree of special knowledge required. Address at Annual Meeting of London Association for Mental Welfare, June 27th, 1928.

5. *Early Treatment of the Psychoses and Psychoneuroses.*

The ideal towards which to work in all suitable centres of population is that which has been found satisfactory in progressive countries, viz., a special building designed for the reception of patients with every degree of mental disorder and for their proper classification with a highly trained semi-permanent staff and full provision not only for all forms of treatment but also for occupation, exercise and amusement during months of stay.

Nothing but such clinics will provide for progress—for research, teaching, and the inclusive selection of patients needed for these. Whether such clinics should be attached to the voluntary or municipal hospitals of

the future is a minor point. Relatively small wards in general hospitals staffed in the manner customary there and psychiatric out-patient departments can only deal with a limited class—serving for routine treatment where the more adequate scheme is impracticable. Paper read at Annual Meeting of British Medical Association, Cardiff, July, 1928. *British Medical Journal*, August 18th, 1928, p. 304.

B.—By Dr. T. TENNENT, D.P.M.

Investigations into the prolonged treatment of General Paralysis with Tryparsamide.

Conclusions.—Tryparsamide is a most valuable drug in treatment of General Paralysis, but its action is aided by combining it with non-specific therapy, of which Malaria has proved in their series safest. Beneficial results occur in indirect ratio to duration of symptoms prior to onset of treatment.

In early stages after treatment there is no parallelism between clinical and serological improvement. A partial parallelism exists in the later period, as all cases who show clinical improvement show a concomitant serological improvement.

C.—By Dr. C. P. BLACKER, M.C., M.R.C.P.

A patient's dreams as an index of his inner life.

An examination of ten dreams of a male patient, who showed certain peculiar dream habits. *Guy's Hospital Reports*, April, 1928.

D.—By Dr. E. W. ANDERSON, D.P.M.

The sedimentation velocity of Erythrocytes in the psychoses.

Conclusions:—

1. Cooper's technique is superior to that of Bochner and Wassing and similar methods.

2. The sedimentation test is of no value in the differential diagnosis between various psychoses.

3. The test has no value in estimating the degree of mental improvement or deterioration.

4. The existence of a constant and marked acceleration of sedimentation velocity in general paralysis has not been confirmed.

5. The sedimentation test is of value in mental hospital practice in assisting towards an earlier diagnosis of pulmonary tuberculosis than is usually obtained in those cases where, owing to mental impairment, the patient is unable to give the necessary intelligent co-operation in the physical examination.

6. It appears probable that chronic processes do not materially influence the sedimentation velocity of the erythrocytes. *Journal of Mental Science*.

E.—By Dr. MILDRED CREAK, D.P.M.

Classical Mental Symptoms arising from gross bodily disorder; a record of five cases.

Clinical description of five cases with features common to mental disorders, but arising from physical causes, illustrating tendency to follow reaction types irrespective of causative factor.

Cases.—Cerebral Tumour resembling anxiety neurosis.

Myxœdema resembling involutional melancholia.

Cerebral Tumour resembling acute toxic confusion.

Pellagra resembling depressive state.

Post Encephalitic syndrome resembling schizophrenia.

Paper read at a meeting of the Northern Midland Division of the R.M.P.A., held at Nottingham, October, 1927. *Journal of Mental Science*, January, 1928.

XIII.—FROM THE CENTRAL LABORATORY OF THE LONDON COUNTY MENTAL HOSPITALS.

Report on Research Work done during 1928.—By Dr. F. L. GOLLA, F.R.C.P., Director.

A.—*The Pathology of Schizophrenia.*

The investigations on the pathology of Schizophrenia that were begun in the Central Laboratory in 1924 have been continued by a team of workers, and the results obtained in the past year have marked a definite advance in the endeavour to build up a pathology of the bodily changes accompanying mental disorders. The results of investigation in the preceding years had definitely pointed to an abnormal state of the acid-base equilibrium as evidenced by various disturbances of the vaso-motor reflexes and the urinary response to drug and food stimuli. During the present year the urinary acid and alkaline tides and the digestive secretions were further investigated, and it became apparent that the primary disturbance lies in the inexcitability of the respiratory centre of the schizophrenic. A special form of plethysmograph was devised for the determination of the excitability of the respiratory centre, and it was found that in 84 per cent. of schizophrenic patients there exists a depression of the excitability closely resembling that which occurs in normal sleep. Studies of the distribution of chlorine between serum and corpuscles bore out the view that the condition of the psychotic as regards his acid-base equilibrium is in every way similar to that of a normal sleeping man. In other words, the whole group of symptoms under consideration is referable to a depression of the respiratory centre which may be one sign of a general depression of the activity of the central nervous system.

Papers published:—

- Mann, S. A., and Scott, F. L.—“Further Blood-Sugar Studies in Mental Disorders.” *Mott Memorial Volume*. Lewis: London, 1929.
- Mann, S. A., Morris, R. W., and Rowe, G. K.—“Studies on the Acid-Base Regulation in Mental Disorders. I. The Determination of Urinary Acidity.” *J. Ment. Sci.*, 1928, lxxiv.
- Mann, S. A., and Marsh, R. G. B.—“Studies on the Acid-Base Regulation in Mental Disorders. II. The Significance of Urinary Reaction in Psychotic Subjects.” *J. Ment. Sci.*, 1928, lxxiv.
- Golla, F., Mann, S. A., and Marsh, R. G. B.—“Studies on the Acid-Base Regulation in Mental Disorders. III. The Respiratory Regulation in Psychotic Subjects.” *J. Ment. Sci.*, 1928, lxxiv.
- Marsh, R. G. B.—“The Excitability of the Respiratory Centre of Psychotic Patients.” *The Lancet*, 1929, I.
- Robertson, I. M.—“The Incidence of Digestive Alkaluria in Normal and Psychotic Subjects.” *Mott Memorial Volume*. Lewis: London, 1929.
- Golla, F.—“On the Pathology of Schizophrenia.” *Proc. Roy. Soc. Med.*, 1929.

In the press:—

- Armstrong, R. W.—The relation between plasma and corpuscle chloride content in schizophrenia.

In preparation:—

- Henderson, N.—The alkali reserve in sleep and schizophrenia.

B.—*General Paralysis.*

Much work has been done on the histological changes in the brains of general paralytics treated by malaria, recurrent fever and tryparsamide. The net result of these investigations has been to confirm previous work on the value of malarial therapy. The absence of spirochætes in brains of general paralytics treated by malaria has been confirmed by numerous examinations. The appointment of a special research officer to study general paralysis has lead to much valuable work.

The following papers have been published or are in process of preparation:—

Geary, C.—“Observations upon the Histopathology of General Paralysis Treated with Malaria and Relapsing Fever.” *Mott Memorial Volume*. Lewis: London, 1929.

Caldwell, W. A.—(1) Relation between methods of inoculation and clinical symptoms of malaria and the ultimate result.

(2) Statistical studies on correlation of various factors with the type of disease and prognosis.

(3) Immunological studies on sera with cultured *Treponema Pallida*: (a) their agglutinating properties; (b) their spirochæticidal or lytic action.

(4) Observations on cultured Spirochætes.

(5) Results obtained by non-specific therapies other than Malaria.

In the press:—

Rudolf, G. de M.—Comparison of Wassermann and Meinicke reactions.

Tennent, T.—The Tryparsamide treatment of General Paralysis.

C.—*Physiology of the Nervous System.*

The *stretch reflexes* in the human subject have been studied by isometrical and electrical methods of investigation. New light has been thrown on the conduction of nerve impulse in muscular tissue.

Paper published:—

Golla, F., and Cook, L. C.—“An Isometric Study of the Human Knee and Ankle Reflexes.” *Mott Memorial Volume*. Lewis: London, 1929.

D.—*Physiological Psychology.*

By a new method of recording respiratory movements it has been found possible to determine objectively whether the mechanism of thought of any subject belongs to the kinæsthetic type or the purely sensory type. A large number of normal and pathological subjects have been studied.

Work has also been done on the relation of muscle tension to mental effort.

Papers published:—

Golla, F., and Antonovitch, S.—“The Relation of Muscular Tonus and the Patellar Reflex to Mental Work.” *J. Ment. Sci.*, 1929, lxxv.

In preparation:—

Golla, F., and Antonovitch, S.—(1) The study of the respiratory response during mental effort.

(2) A continuous method for registering blood pressures.

E.—*Encephalitis Lethargica.*

Observations are proceeding, and will shortly be ready for publication, on the emotional response as measured by physical methods of patients suffering from encephalitis lethargica.

Paper in preparation:—

Anderson, R. G.—The emotional response in encephalitis lethargica.

XIV.—FROM THE CHESHIRE COUNTY MENTAL HOSPITAL, CHESTER.

Menstruation in relation to Mental Disorders. (See “*Journal of Mental Science*,” July, 1928.).—By Dr. F. H. HEALEY, B.Sc., D.P.M.

The following is a *résumé* of the menstrual histories in 243 patients with psychoses of some duration.

At present I am unable to give figures bearing on the relation between menstruation and the onset of insanity, and between menstruation and recovery. These are still being collected.

Patients examined	—	—	—	—	—	—	—	—	474
„ beyond menopausal age	—	—	—	—	—	—	—	—	231
„ at menstrual age	—	—	—	—	—	—	—	—	243
Number showing increase of depression	—	—	—	—	—	—	—	41=16·8	per cent.
„ „ „ excitement	—	—	—	—	—	—	—	120=49	„
„ „ no change	—	—	—	—	—	—	—	49=20	„
„ „ amenorrhoea	—	—	—	—	—	—	—	33=14·2	„
„ „ dysmenorrhoea	—	—	—	—	—	—	—	49=20	„
„ „ menorrhagia	—	—	—	—	—	—	—	29=12	„

Conclusions.

It is thus seen that increase of excitement is the commonest change, occurring in about half the cases.

In established cases of psychosis, amenorrhœa occurs roughly in 1 in 7 cases, while dysmenorrhœa reaches the high proportion of 1 in 5 cases.

Menorrhagia occurs in 12 per cent. of the cases, which would seem a lower estimate than that of G. I. Strachan. (*B.M.J.*, Sept. 10th, 1927.)

Epileptics Examined.

Total	—	—	—	—	—	—	—	—	—	73
At menstrual age	—	—	—	—	—	—	—	—	—	53
Cases showing fits at menstrual periods only	—	—	—	—	—	—	—	—	—	5
„ „ increased fit-incidence at menstrual periods	—	—	—	—	—	—	—	—	—	40
„ „ dysmenorrhoea	—	—	—	—	—	—	—	—	—	22
„ „ marked bodily disturbance, e.g., rise of temperature, vomiting, etc.	—	—	—	—	—	—	—	—	—	3
„ „ menorrhagia	—	—	—	—	—	—	—	—	—	4

Of menopausal age : Showing cessation of fits at menopause, 3 ; showing continuance of fits, 17.

Conclusions.

It is seen that a high percentage show the pre-menstrual or menstrual grouping of the fits and that dysmenorrhœa is very common amongst the epileptics.

The continuance of the fits beyond the menopause may be due to the formation of the fit habit, overruling the endocrine change.

I am indebted to the Medical Superintendent for permission to publish the statistics included in this paper.

XV.—FROM THE CHESHIRE COUNTY MENTAL HOSPITAL, MACCLESFIELD.

A.—*Light Therapy in Mental Hospitals...*(Extract from a paper read before the Section of Psychiatry of the Royal Society of Medicine.)
By Dr. H. DOVE CORMAC, D.P.M.

Physiological Action of Actinic Radiation in Relation to Psychopathic States.—Actinic radiation effects a general improvement of the physical condition, increases body weight and improves muscle tone (Rollier refers to sunlight as the “best masseur”). Colebrook, Eidinow, and Hill and others have shown that the bactericidal power of the blood is augmented, and Humphris states that the immunizing power of the body is increased. These effects must materially assist in the therapeutic value of local treatment directed to eliminate sources of infection in those cases, which Cotton, William Hunter and others ascribe to a toxæmia derived from a focal

sepsis or intestinal absorption. These cases, which they would group under "septic psychoses," include dementia præcox, manic-depressive insanity, paranoid conditions, psychoneuroses and toxic insanities, in most of which our best results have been obtained by irradiation.

Saleeby states that actinic irradiation raises the iron content of the blood and the iodine content of the thyroid, and I have noted an increased thyroid activity in cases of hyperthyroidism and agitated melancholia. This action indicates the benefit to be expected in exposure of those dull and lethargic cases which are often due to thyroid insufficiency. Grant and Gates, of the Rockefeller Institute (quoted by Howard Humphris)—recorded that the weights of the endocrine glands were all increased in experimental rabbits. The parathyroids showed the great hypertrophy and the calcium content of the blood was increased. T. C. Graves treated with calcium lactate cases of excitement in epilepsy, all forms of mania and agitated melancholia, with satisfactory results. His treatment was based on the assumption (from Bayliss' view that calcium is necessary for the normal effect of adrenalin on sympathetic endings) that, though there could be no lack of adrenalin in the body in these cases, there was an absence of its "fixation ion."

Levick, quoted by Edgar Mayer, noted that the neurasthenic symptoms often accompanying rickets were the first to clear up under ultra-violet ray treatment. E. H. and W. K. Russell state that they have treated many cases of neurasthenia and that all but two have benefited greatly. Humphris states that in no disease may greater benefit be derived from ultra-violet radiation than in this condition, and that the benefit may be due to alteration in the blood chemistry, the endocrine balance or to the bactericidal improvement in the blood, or to all three. We should remember that many cases of so-called neurasthenia are early cases of melancholia with hypochondriacal tendencies.

The action of the rays on the endocrines should be of interest to that school of thought which holds that most kinds of mental disturbance are a direct result of faulty functioning of the endocrine system, and it cannot be denied that there is a close relationship between the internal secretions and the mental state. But, where there is a disturbance of the endocrine balance, it has yet to be determined whether irradiation will tend to restore that balance or to accentuate the disturbance. My experience goes to show that only when the disturbance is slight can any improvement be expected.

Many observers have noted a marked reduction of high blood-pressures, which may give rise to certain psychotic states, and that in this respect the carbon arc was more effective than the mercury vapour lamp. They also noted that when the blood-pressure was previously normal no decrease could be demonstrated.

It is generally held that the ultra-violet rays affect not only the vasomotor system but also other parts of the vegetative nervous system, such as those controlling the pigmentation of the skin, the fibres supplying the hair follicles and those which affect muscle tone.

I have been able to trace few references to work on the action of actinic radiation directly on the nervous system, but that of J. D. Achelis and H. Rothe appears of sufficient importance to be noted. They investigated the state of excitability in the external cutaneous nerve before and after irradiation of the arm below the site of experiment and used the other arm as a control.

The result of seventeen tests showed that:—

(1) The sensory nerve which innervates a radiated region goes through a variation of excitability during the latent period.

(2) Four phases could be distinguished: (a) A small increase of excitability. (b) A short variable period. (c) A strong slowly increasing diminution of excitability. (d) A fairly rapid return to normal when the erythema appears.

This rhythm in variation might be continued for some time with gradually decreasing intensity. The phases (c) and (d) were constant, but the phase (a) was not always observed.

They comment on the marked and constant reduction of excitability, which is not limited to the place of irradiation, but can be shown along the course of the nerve below and above the stimulated area. They conclude that the whole neuron is implicated in the change, and it would seem to be justifiable to infer that the whole of the sensory division of the nervous system is influenced by general irradiation. This reduction of sensitivity is to me analogous to the action, in small quantities, of the large group of anæsthetic and hypnotic drugs, including alcohol, which produce at first a feeling of exhilaration and mental vigour, with corresponding removal of care and annoyance. Hirschfelder and Serles showed that these drugs, in spite of their chemical diversity, possess an important physico-chemical property in common. When added to an emulsion of oil and water they convert the oil-in-water phase into the water-in-oil phase. The effect of this is greatly to raise the electrical resistance of the emulsion.

The *Lancet* editorial of December 17th, 1927, commenting on the above, states: "It seems a justifiable hypothesis that these drugs act in the same way in the body and that, by altering the phase of the emulsion of lipoids, which constitutes the cell membranes of the neurones, they reduce the electrical conductivity in the nervous system, possibly at the synapses."

This leads to the question whether the action of the actinic rays on the sterols has any affinity with the above reactions.

The action of ultra-violet radiation then, in reducing the conductivity of the sensory nerves, produces a sensation of well-being with mild excitement and freedom from care and annoyance, and may be said to paralyse certain inhibitions. Thus its beneficial action in neurasthenia, mild melancholia and the depressed stage of manic depressive insanity may be understood, as well as the aggravation of excitement in cases of mania. Here we find the explanation of its analgesic action also.

It has been suggested that the change in the excitability of the nerves may be due to direct action of sunlight on the nerve endings or to some chemical substance produced in the epithelial tissues, or to a hormone secreted by the skin.

B.—Insanity and Suicide. (*Résumé of a paper read at a Medical Meeting at Parkside.*) By Dr. L. C. F. CHEVENS, D.P.M.

As a preliminary to a further investigation the histories of fifty patients who had either attempted or threatened suicide have been examined to gain information on the following points:—

(1) The type of case most prone to suicide.

(2) The bearing of the factor of heredity on suicidal cases.

Thirty-five of these patients made suicidal attempts. The types of mental disease involved were:—

Melancholics (who had shown no Manic phase)	—	—	—	—	—	—	—	—	32
Primary Dements (Hebephrenics 3, Paranoid Dement 2)	—	—	—	—	—	—	—	—	5
Post Encephalitics	—	—	—	—	—	—	—	—	4
Epileptics	—	—	—	—	—	—	—	—	2
General Paralytics	—	—	—	—	—	—	—	—	2
Manic-Depressives	—	—	—	—	—	—	—	—	2
Hypochondriacal Paranoic	—	—	—	—	—	—	—	—	1
Paraphrenic	—	—	—	—	—	—	—	—	1
Senile Dement	—	—	—	—	—	—	—	—	1

With regard to the potential melancholic suicide, the average age was 55 for the male and 47 for the female. The age in England and Wales which furnishes the maximum number of suicidal deaths is between 55

and 65. When it is remembered that the proportion remains fairly constant at 4 males to 1 female it would appear that the suicide rate is related to the onset of the climacteric in both sexes. In comparison with the ovarian changes in women at the climacteric, Mott demonstrated atrophy of the interstitial cells of the testis and markedly decreased spermatogenesis in males suffering from involutional melancholia. It is interesting that he demonstrated similar changes in cases of dementia præcox (the second largest group of potential suicides). It is relevant that Swann, of Cambridge, has often found atrophied testes in those who commit suicide.

All four post-encephalitics made actual attempts at suicide.

In connection with the factor of heredity, both neuropathic and psychopathic inheritance and direct and indirect hereditary influence were taken into account. Family histories were unavoidably scrappy, but 31 patients (60 per cent.) gave definite histories of faulty inheritance. Of the 35 who made actual attempts at suicide, 21 had faulty family histories (i.e., the same percentage—60).

The suicide rate for England and Wales is 75 a million. The influence of heredity and environment is illustrated by the fact that the fathers of two of these 50 patients killed themselves (40,000 a million).

The following are the number of cases with neuropathic and psychopathic family histories in the different types of mental disorder:—

Melancholics (no reliable history obtained in 6 cases)	—	—	20
Primary Dements (no reliable history obtained in 2 cases)	—	—	3
Post Encephalitics	—	—	2
Epileptic	—	—	1
General Paralytics	—	—	2
Manic-Depressive	—	—	1
Hypochondriacal Paranoic (no reliable history obtained).			
Paraphrenic	—	—	1
Senile Dement	—	—	1

The factor of faulty stock must be emphasized in the cases of Encephalitis and General Paralysis, the physical stress appearing to be too great a strain for a previously defective organism.

The information obtained would seem to indicate that suicide depends on a faulty physical inheritance (endocrine malfunction being a prominent factor in this) rendering the organism unable to face stresses which would be innocuous to a healthy organism.

C.—Laboratory Investigations. By Dr. H. STAFFORD, D.P.M.

The number of investigations carried out in the pathological laboratory during 1928 totals 1,825; these are summarised below:—

Routine urine examinations	—	—	—	—	—	—	—	1,196
Bacteriological examinations of urine (cultures)	—	—	—	—	—	—	—	15
Bacteriological examinations of faeces	—	—	—	—	—	—	—	64
Bacteriological examinations of sputum	—	—	—	—	—	—	—	50
Bacteriological examinations of pus, exudates, etc.	—	—	—	—	—	—	—	28
Blood counts and chemical examinations of blood	—	—	—	—	—	—	—	72
Examinations of blood films for malarial parasites	—	—	—	—	—	—	—	11
Tissue sections for microscopical examination	—	—	—	—	—	—	—	167
Agglutination reactions of blood serum	—	—	—	—	—	—	—	91
Wassermann reactions of blood and c.s.f.	—	—	—	—	—	—	—	131

During the year there were 10 new cases of typhoid fever; these occurred in several wards and were irregularly distributed through the year, the last case being in October. All typhoid cases are now segregated in special wards, all patients and staff in these wards receiving protective inoculation. Two cases developed typical enteric fever some weeks after they had been inoculated, the urine of both being loaded with typhoid bacilli, this excretion of the organisms persisting after all signs of active

infection had subsided; it is possible that these two patients had been undetected "carriers," in whom an acute attack of typhoid was provoked by the administration of T.A.B. vaccine. Blood culture again proved by far the most satisfactory and timely means of arriving at a diagnosis in typhoid cases.

There were again several cases of diarrhoea during the year, mostly of mild type; no typical dysenteric specimen of faeces with obvious content of blood-stained mucus was received in the laboratory, and *B. dysenteriae* was not isolated from any case. *Bacillus coli mutabile* was abundantly prevalent in the faeces of four cases; *Bac. alkaligenes* was isolated from one case; and many specimens gave a striking overgrowth of streptococci on McConkey plates. In all the cases with the above cultural findings the faeces contained erythrocytes on microscopical examination, though blood content was not obvious to the naked eye.

No fresh cases of infection by the tubercle bacillus occurred during the year. *Bacillus alkaligenes* was obtained in pure culture from a catheter specimen of urine in one case.

There would appear to be a considerable number of cases of chronic nephritis in some degree among the patients as judged by the frequency with which hyaline and granular renal casts are discovered during routine urinary examinations. Chemical investigation of renal function in these cases will probably yield results of interest. Glycosuria is a rare finding.

Of the new admissions during the year, 10 male and 4 female cases gave a positive Wassermann reaction of the blood serum—13·51 per cent. of the total male and 3·45 per cent. of the total female admissions during the year. The colloidal gold test is now applied to all specimens of c.s.f. sent for examination, using the Mellanby and Davis technique. It is noteworthy that it is extremely rare that a case showing serological and spinal fluid evidence of general paralysis has not been already so diagnosed on clinical grounds alone.

XVI.—FROM THE EAST SUSSEX COUNTY MENTAL HOSPITAL, HELLINGLY.
Report of Clinical and Pathological Investigations.—By DR. GEOFFREY
SHERA, Pathologist.

(1) A female transfer patient when newly admitted was found to be suffering from bacillary dysentery (Hiss-Russell type) and, as a consequence, the stools of all new admissions have since been examined for enteric and dysentery during 1928 (last eleven months). No other cases of dysentery (or typhoid) occurred during 1928, despite the hot summer.

(2) The necessity of excluding *B. abortus* infections in chronic obscure pyrexia is now being taken into account.

(3) Examination of the cerebrospinal fluid before and after malarial therapy in general paralysis has revealed a uniform improvement in the cell count and colloidal gold curve, but none in the globulin, total protein, or Wassermann reactions.

(4) Specimens of blood and cerebrospinal fluid were supplied for the League of Nations investigation upon the relative merits of the Kahn and Wassermann tests.

(5) The Kahn test has been found less reliable than the Wassermann reaction in this laboratory.

(6) The Wilfred Harris trigger needle for lumbar puncture has been found superior to all other types for ease in use and comfort to the patient.

(7) In no instance where provocative injections of N.A.B. were given in recently admitted cases giving a borderline (\pm) Wassermann reaction did the reaction appear positive on the second occasion one week after such injection. The provocative dose seems to work best in very early syphilis, and not so well in later cases.

(8) Blood transfusion was used in a case of duodenal ulcer with hæmorrhage with excellent results.

(9) The urochromogen reaction for tuberculosis was found to be very unreliable.

(10) A method of complement-fixation in tuberculosis was used successfully. The technique is roughly that of M.R.C. Method No. 3 for the Wassermann test, except that the preliminary titration is twice as accurate and the antigen used is Besredka's. The dose of antigen is 0.3 c.c., of serum 0.2 c.c., and of complement 1, $1\frac{1}{2}$, 2 and $2\frac{1}{2}$ M.H.D. Two serum controls of $1\frac{1}{2}$ and $2\frac{1}{2}$ M.H.D. are put up, and in the test the total volume in each tube is made up to 2 c.c. No ice incubation is used; one hour in the air incubator at 37.5° C. is employed, as in the Wassermann test. The results, so far, are very satisfactory, but a false positive may be registered by any serum which gives a positive Wassermann reaction and the W.R. must be done at the same time.

(11) Minchin's technique for identifying tubercular yeasts in suspected tubercular pus, in milk, and pleural fluids is being tried out.

(12) In conjunction with the scheme of research formulated by the Royal Medico-Psychological Association, the intestinal aerobic flora have been investigated in fifty-three new admissions in relation to their acidophilus and streptococcal content. It is found that successive stool platings on human citrated blood agar from glucose broth, owing to the alteration in reaction by the acidophilus group, yield a varying flora in which, first of all, the coliform bacilli disappear and streptococci predominate, and these in turn are replaced, normally, by a pure culture of *B. acidophilus*. We find that usually within seventy-two hours from the broth incubation *B. acidophilus* is present in pure culture and has killed off all other aerobic germs. Out of fifty-three new admissions 81.1 per cent. were *abnormal*, and many of these showed complete absence of *B. acidophilus*. The streptococci were classified according to Holman's scheme.

The following two tables show the actual percentages:—

TABLE I.

B. acidophilus content—

<i>B. acidophilus</i> obtained in pure culture within 72 hours	—	9.4 per cent.
<i>B. acidophilus</i> present in culture within 72 hours	— —	9.4 per cent.
i.e., Normal content in 18.8 per cent.		
<i>B. acidophilus</i> delayed over 72 hours	— — — —	41.5 per cent.
<i>B. acidophilus</i> totally absent	— — — —	39.6 per cent.
i.e., Abnormal in 81.1 per cent.		

TABLE II.

Percentage of abnormal aerobes. (Coliform bacilli excluded).

Staphylococci—

Staphylococcus albus in 19.3 per cent. (one strain haemolytic).

Staphylococcus aureus in 22.4 per cent. (three strains haemolytic).

Streptococci (not fully detailed)—

Non-haemolytic types	—	43.1 per cent. (<i>S. faecalis</i> 28.3 per cent.)
Leaving	— — — —	14.8 per cent. abnormal.
Haemolytic types	— —	22.4 per cent.
Moulds and tetrads	— —	5.5 per cent.

These results seem to indicate deficient acidophilus protection in marked degree in mental patients.

(13) Further investigations of acetonuria in new admissions indicated a rise in alkali reserve after a few weeks in hospital (eleven cases).

(14) In view of the high percentage of chronic nephritis, chiefly interstitial, found at autopsy, a routine examination of the urea content of the cerebrospinal fluid has recently been adopted, with the result that in twenty-six instances no less than twenty-one were pathological (81 per

cent). Five normal readings occurred. Certainly many cases were senile, but the impression remains that uræmia is far more often the terminal cause of death than is usually believed. This research will continue and will be extended as a "renal survey" of patients generally.

(15) A case of general paralysis undergoing malarial treatment was tested as to renal function by the blood urea, urinary chlorides, diastase and microscopical tests. A rise of blood urea from 25.2 mgms. per cent. to 40.5 mgms. occurred, with a drop in urinary chlorides from 0.9 per cent. to 0.31 per cent. and of diastase from 25 to 10 units per c.c., with the appearance of cylindroids. After the rigors were completed the blood urea fell to 34.2 mgms., and the final reading some weeks later was 36 mgms. per cent. The chlorides and diastase also returned to normal. The question of renal strain during malarial therapy will be further investigated.

Publications.

Shera, Geoffrey, M.A., M.D. (Cantab.).—"Investigations of the Acid-Base balance in mental cases, with special reference to Epilepsy." (*Journal of Mental Science*, July, 1928, p. 454.)

Shera, Geoffrey, M.A., M.D. (Cantab.), and Duncan, W. A., M.B. (Edin.).—"The duration of *Staphylococcus aureus* septicæmia." (*British Medical Journal*, September 22nd, 1928, p. 529.)

XVII.—FROM THE DORSET COUNTY MENTAL HOSPITAL.

Report of Clinical and Pathological Investigations.—By Dr. P. W. BEDFORD, D.P.M., Medical Superintendent, and Dr. G. W. T. H. FLEMING, D.P.M., Pathologist.

General Report—During the year 2,425 investigations have been carried out in the laboratory, an increase of 1,267 over 1927. Subjoined is a summary of them:—

Urine: Routine examination, 311; Sugar estimation, 21; Bacteriological examination, 24; Buscainos silver nitrate reaction, 263. *Blood*: Schilling Index, 557; Polynuclear Counts, 343; Red and white total counts, 113; Meinickes Micro-reaction for syphilis, 165; Wassermanns, 35; Sugar estimations, 8; Van den Bergh, 4; Icterus Index, 4; Fouchet, 5. *Cerebro-Spinal Fluid*: Chemical examinations, 29; Gum mastic, 30; Colloidal Paraffin, 28; Wassermanns, 14; Takata Ara, 5. *Bacteriological Examinations*: Sputa, 13; Throat Swabs, 17; Pus, 7; Vaccines, 11. *Water Examinations*: 86. *Histological Sections*: 43. *Various*: 7.

Search for Typhoid Carriers.—Blood Widal, 170; bacteriological examination of fæces, 112.

In the latter part of the year the discovery of an hydatid cyst of the liver infected with *B. typhosus* (see "An Echinococcal Cyst of the Liver infected with *B. typhosus*," *Journal of Mental Science*, 1929, Fleming, G.W.T.H.) led to the immediate institution of a search for further "carriers," in addition to the five already known. In the ward where the patient with the hydatid cyst was, two more "carriers" were found and one carrying Sonne type of dysentery. A systematic search of all the patients was therefore begun. For this search, the method of Wilson and Blair, recently described (*J. Hyg.*, 1927, 26, 374), is being used. This method depends on the fact that the medium used inhibits almost entirely the growth of all organisms except *b. typhosus*, which forms jet black colonies. This work is being continued. One of the previous "carriers,"

after having given a negative result from twenty successive weekly faecal examinations, is regarded as probably no longer a "carrier."

Water Chlorination.—This has been carried out during the year with the same good results as in 1927. On one occasion during May, *B. coli* was present in 100 c.c. of water from the well. This was due to a temporary defect in the chlorinating plant, which was immediately rectified.

Leucocyte Study.—This has been continued during the year; over five hundred Schilling hemograms and more than three hundred polynuclear counts were carried out during the year. This work, however, is not yet completed. The polynuclear count is of considerably more use than the Schilling hemogram in indicating minor degrees of infection, and is a useful index for prognostic purposes. The information to be obtained from a polynuclear count in a deluded, demented or mentally defective patient who is unable or unwilling to describe or to report symptoms is beyond computation. In one case a patient was admitted with abdominal pain which had been present for some days, and which had been summarily dismissed as being due to "imagination," operation disclosed a gangrenous appendix. A polynuclear count would have removed any doubt as to the "imaginary" nature of the disease. The importance of frequent systematic leucocyte examination in disease cannot be over-estimated, particularly "long section" studies. In some cases daily counts have been made—in others weekly.

Pernicious Anæmia.—A case of pernicious anæmia and another doubtful one were treated with liver, and the effect on the polynuclear count noted. This forms the subject of a communication to the *British Medical Journal*. ("The Effect of Liver Treatment on the Polynuclear Count in a Case of Pernicious Anæmia," *B.M.J.*, 1929: Fleming, G.W.T.H.)

Meinicke Micro Reaction.—This has been performed on all new admissions. It does not parallel the Wassermann as closely as one would wish if it is to be dependable.

Buscaino's Black Reaction.—This reaction has been carried out on over 300 urines, and is done as a routine on all admissions. It is hoped to combine this with Scheiner's reaction and to work out in detail the relationship of these two reactions. Both of them we owe to the Italian School of Psychiatry.

Cerebro-Spinal Fluid.—In connection with the routine examination of the cerebro-spinal fluid, the colloidal reaction of Takata-Ara, which is much simpler than any of the other colloidal reactions, was tried out at the end of the year. It is too early to give results, but workers in Germany and Italy are not agreed as to its value.

Fæces.—The routine examination of the fæces of all new admissions was instituted during the latter part of the year. This work is based on the scheme of F. H. Stewart for aerobic organisms with a view to the isolation of strains of *b. Morgan* and *b. Phenologenes* of Berthelot and the estimation of the phenol produced.

Tryparsamide Treatment of General Paralysis.—This has been carried out with success both from a clinical and serological point of view during the year. The statement in "Recent Advances in Neurology," p. 403, that "the Lange and W.R. are unaltered or only slightly altered by pharmacological treatment" in G.P.I. prompts one to publish the serological results in nine cases under treatment by tryparsamide during 1928 to show that this is not the case. It will be seen that of the nine, three

developed a negative or very weakly positive W.R., whilst the colloidal tests were in most cases weakened.

Case.	Duration of Disease before Treat- ment.	No. of Injections of Try- parsamide. 2 gm.	C.S.F. W.R.	Gum Mastic.	Kafka.	Gly- Oxylic.	Pandy	Nonne Apent.
No. 1— Before ... After ...	4 months	36	++++—	444300 410000	344100000 4100000000	+++ —	+ +	++ —
No. 2— Before ... After ...	3 years	56	+++++	444400 444100	14442000 41000000	+ ++	+ —	+ ±
No. 3— Before ... After ...	6 months	50	+ — — — —	444430 444000	14444010 44410000	+++ —	+ +	+ +
No. 4— Before ... After ...	3 months	30	+++++ + — — — —	444430 443000	44441000 32100000	+++ +	+++ +	+++ +
No. 5— Before ... After ...	6 years	34	++++— +++++	444300 444400	01441000 44441000	+++ +++	± ++	— ++
No. 6— Before ... After ...	8 months	35	++++— — — — — —	444400 441000	44443000 01000000	++ +	++ +	+ +
No. 7— Before ... After ...	6 months	29	+++++ — — — — —	444400 200000	14442000 20000000	+ ±	+ —	+ ±
No. 8— Before ... After ...	6 months	24	+ + — — —	344300 444000	43200000 44420000	++ +	++ +	++ +
No. 9— Before ... After ...	3 months	8	+++++	444400 444440	44444400 44443000	+++ +	+++ +++	+++ ++

XVIII.—FROM THE HERTFORDSHIRE COUNTY MENTAL HOSPITAL.

Pathological Report.—By Dr. W. J. T. KIMBER, D.P.M., Medical Superintendent, and Dr. W. McCoACH, B.Sc., D.P.H., Pathologist.

During the year 1928 the following examinations were made:—

Urines (routine examinations), 279 ; Blood counts, 9 ; Blood urea estimations, 7 ; Glucose tolerance tests, 3 ; Blood cultures, 2 ; Sputum (for tubercle bacilli), 5 ; Wassermann Reaction (blood, 239 ; C.S.F., 11) ; Throat swabs for diphtheria, 12 ; Stool cultures, 27 ; Sections cut, 8 ; Widal tests (T.A.B. and dysentery), 215 ; Water (estimations of hardness), 31.

Of the 184 new admissions during the year, 12 gave a positive W.R., 9 a doubtful positive, and 156 were negative. Seven were not examined on account of death or discharge within a short time of admission. None of the admissions with a ++ W.R. were recent infections, but most of them showed clinical signs of syphilis.

In all, 239 serum Wassermann tests were done during the year, with 21 positive results. Harrison's technique is used. Eleven cerebro-spinal fluids were examined, 4 being positive, 5 negative, and 2 discarded because of contamination with blood.

Twelve throat swabs from suspected cases of diphtheria were examined; in 4 the organism was found either on direct examination or on culture, and 8 were negative.

Four autogenous vaccines were made up for local staphylococcal infections.

Tubercle bacilli were found in one of the 5 specimens of sputums examined.

Most of the blood-urea estimations were done on a case undergoing arsenical and bismuth anti-syphilitic treatment. The infections did not have any appreciable effect on the metabolism and excretion of urea.

Tests of the degree of hardness of the softened water were made in the laboratory every week for the greater part of the year, together with estimations of the lime deposit.

The bacteriological examination of stools in cases of diarrhoea formed a large part of the work; 27 such were dealt with. The majority of them concerned an outbreak of dysenteric enteritis, mainly on the female side, in May and June. The infecting organism was again recovered from one case during a slight attack of diarrhoea six months after the epidemic. The following are the figures relating to the outbreak:—

Cases: 14 (Males, 3; Females, 11). *Deaths*: 5 (Males, 3; Females, 2)—36.5 per cent. mortality.

Causal Organisms: B. Dysentery (Flexner "Z"), 9; B. Dysentery (?) unidentified, 1; B. Morgan No. 1, 2; N.L.F. Coliform Organism, 1; No specimen obtained, 1.

In the fatal cases: B. Dysentery "Z," 3; B. Dysentery (?) Unidentified, 1; B. Morgan No. 1, 1.

The Oxford standard sera were used in typing the dysentery organisms. Some of these and the unidentified one from the fatal case were sent to the Lister Institute, London, where it was suggested that the latter bacillus was "*b. alkalescens*" (a dulcitate fermenting variety of dysentery). As this strain is stated to be non-toxic its isolation from a fatal case is of interest.

From 6 cases of diarrhoea during the year there was isolated a non-lactose fermenting coliform organism. In some it was obtained in pure culture, the growth of the normal lactose fermenting B. Coli being suppressed or entirely absent from the plates. In some cases where it was convenient to preserve the strain it was found to attack lactose in the course of a week or ten days after several generations of sub-culture. On two occasions the fermentation reactions of the food-poisoning group were exhibited for several days before lactose or saccharose was finally attacked. The production of indol, however, within a few days of isolation gave an indication of their real identity.

XIX.—FROM THE BRISTOL CITY MENTAL HOSPITAL.

Pathological Report.—By Dr. E. BARTON WHITE, Medical Superintendent, and Dr. A. L. TAYLOR, Visiting Pathologist.

(Mr. GILBERT POPE, Laboratory Assistant.)

Research work for this year has been considerably interrupted by the resignation of Dr. G. Hadfield, and the interval of five months before his successor, Dr. A. L. Taylor, was able to commence work. The routine examinations, however, have been continued and have increased in number.

The laboratory has now an assured supply of the reagents (fresh guinea-pig serum, etc.) necessary for diagnostic serum tests, and the Wassermann tests are now performed regularly in this laboratory by Dr. Taylor.

In addition, Dr. Taylor has included Lange's gold sol. test as a routine procedure in the examination of c.s.fs. This test has already been of considerable value in many cases, in differentiating between the various forms of neural syphilis.

A new systematic method has been adopted for the collection of specimens and a system of permanent records made of all pathological investigations in the hospital. The future value of these records for statistical and reference purposes need not be emphasized.

Examinations by Dr. Taylor included:—

Large ovarian cyst which proved to be secondary to carcinoma; bladder growth, carcinoma; alveolar nodule, fibrous epulis; secondary carcinoma deposits in pericardium, lungs, liver and spleen; endothelioma of dura.

Malarial treatment has been given to four cases by Dr. J. Reid. One case died of paralysis and one has markedly improved in mental and physical condition. The other two are at present stationary. Want of space has allowed of only two cases being treated at the same time.

Sections of the globus pallidus were cut and stained by both hæmatoxylin and the ferricyanide method in 30 cases, and micro-photographs of these were taken. In 12 cases there was no iron deposit in the walls of the vessels, and in 16 there was no extravascular deposit of iron. The cases taken were of all ages and of various forms of mental disorder.

The results showed that the heavy deposit was iron, and not calcium as had been described; and they accorded with a series of cases from normal subjects investigated by Dr. Hadfield, showing that this deposit is not necessarily dependent upon any particular neurological condition as had often been thought to be the case.

Micro-photographs of these 30 sections were taken and transferred to lantern slides to illustrate a paper read at the Quarterly General Meeting of the R.M.P.A. held at this hospital on February 16th, 1928 (Dr. Barton White), followed by remarks on the pathology by Dr. G. Hadfield.

XX.—FROM THE CROYDON BOROUGH MENTAL HOSPITAL.

General Report.—By Dr. H. M. BERNCastle, Medical Superintendent, and Dr. T. P. REES, M.R.C.P., D.P.M.

Routine examinations have been continued as in the past year. *Kahn's test for syphilis* is now carried out as a routine as a supplement to the Wassermann reaction. It is found that the technique is simpler, there are not so many reagents to be employed, and the liability to error is lessened. It is also believed that in the hands of those who do not devote themselves entirely to clinical pathology it gives more accurate results than the Wassermann reaction.

Ephedrine in Epilepsy.—On the assumption that epilepsy may be one of the allergic diseases, it was thought that this drug, which has been so highly successful in cases of asthma, should be given a trial.

It was found that in a small proportion of cases this drug is not only more efficacious in the control of the fits than either luminal or bromides, but that the patient's self-control and general behaviour was much improved as well.

Glucose in Asthenic Cases.—One pound of glucose has been added daily to the diets of a number of patients whose weight is below normal.

Estimates of blood sugar were made and the urine was tested for sugar. The blood sugar curve showed no abnormality and in only one or two cases was there any sugar found in the urine. These patients were weighed weekly and all of them, without exception, showed a marked

increase of weight and improvement of general health. We are satisfied that glucose given in this amount is an invaluable adjunct to treatment in such cases. It should be noted that one pound of glucose provides approximately 1,500 calories of easily assimilable carbohydrate and that the cost is very little.

Sedimentation rate of the erythrocytes in the psychoses.—This has been studied in 110 cases. It was hoped that it would be especially of value in the differential diagnosis between the toxic and exhaustion psychosis and primary dementia. This has not been so in every case, probably owing to the fact that so many cases of primary dementia have a superimposed toxic factor.

Cases of pulmonary tuberculosis, carcinoma, salpingitis and diabetes mellitus showed a markedly increased rate of sedimentation.

This method of investigation has been found of value in doubtful cases of tuberculosis and other chronic toxæmias.

The routine examinations have included urines, sputum and throat swabs, blood counts, blood films, examination for malarial parasites, blood sugar estimations, blood urea estimations, Van den Bergh's reaction, examination of pleural and peritoneal effusions, and of pus, Kahn's test, Wassermann's reaction, agglutination tests, blood cultures, and bacteriological examinations of stools.

Treatment by ultra-violet light has been carried out on many cases. We find that it is of undoubted value in the treatment of lupus and other chronic skin diseases, but so far have been unable to note any improvement in mental cases which could be attributed to this form of treatment.

XXI.—FROM THE LEICESTER CITY MENTAL HOSPITAL.

Laboratory Report.—Communicated by Dr. J. FRANCIS DIXON, Medical Superintendent, and Dr. T. WISHART DAVIDSON, D.P.M., Pathologist.

The general work continues to increase and includes the following:—

Bacteriological examination of faeces	...	...	...	...	...	...	219
Bacteriological examination of urine	...	...	...	...	...	...	34
Bacteriological examination of blood	...	...	...	...	...	...	10
Bacteriological examination of pus and exudates	...	...	...	...	...	...	133
Wassermann reactions of blood	...	...	...	...	...	...	196
Wassermann reactions of cerebro-spinal fluid	...	...	...	...	...	...	68
Tubercle complement fixation tests	...	...	...	...	...	...	10
Blood urea, blood sugar, urea concentration tests, Lange's tests on cerebro-spinal fluid, benzidin tests on faeces, gastric analyses	...	...	...	...	...	...	137
Blood films for malaria parasites	...	...	...	...	...	...	957
Urine examinations—routine	...	...	...	...	...	...	991
Widal tests	...	...	...	...	...	...	67
Autopsies	...	...	...	...	...	...	47

Wassermann Reaction (Method of Browning and Mackenzie).—Of the year's new admissions, 13 males (28·8 per cent.) and 6 females (7·7 per cent.) gave a positive reaction; 12 males and 4 females were general paralytics.

Syphilimetric tests of Vernes.—Towards the end of the year a Vernes' Photometer and apparatus was installed for syphilimetric measurements. The value of the Vernes methods will be investigated and compared with the Wassermann findings. The Photometer will also be used for quantitative measurements of protein, glucose and calcium in the body fluids.

Intestinal Infections.—All cases of *diarrhoea*, with or without blood and mucus, have been examined bacteriologically, with the following results:—

B. coli alone	...	...	...	...	...	...	...	...	...	9
„ plus B. coli mutabile	...	...	...	...	...	...	...	...	...	7
„ „ B. paracoli	...	...	...	...	...	...	...	...	...	2
„ „ B. pyocyaneus	...	...	...	...	...	...	...	...	...	1
„ „ B. acidilactici	...	...	...	...	...	...	...	...	...	1
„ „ B. proteus faecalis No. 2	...	...	...	...	...	...	...	...	...	1
„ „ B. faecalis alkaligenes	...	...	...	...	...	...	...	...	...	2
„ „ B. morgani No. 1	...	...	...	...	...	...	...	...	...	4
„ „ B. morgani No. 1 plus B. paracoli	...	...	...	...	...	...	...	...	...	1
„ „ B. morgani No. 1 plus faecalis alkaligenes	...	...	...	...	...	...	...	...	...	1
„ „ B. morgani No. 14	...	...	...	...	...	...	...	...	...	1
„ „ unrecognised non-lactose fermenting bacilli	...	...	...	...	...	...	...	...	...	2
„ „ B. morgani simulant	...	...	...	...	...	...	...	...	...	4
Total										36

Dysentery.—There has been no instance of infection by *b. dysenteriae* of Flexner, but there have been 9 cases infected by the bacillus of Sonne. This organism, a late lactose fermenter, was first described by Sonne in 1915 as a frequent cause of dysentery in Copenhagen. At irregular intervals since then it has been reported in France, Sweden, Norway, Egypt, Japan and in this country, particularly in London, Glasgow, Aberdeen and in St. Andrews, where there was a milk-borne epidemic in 1927. That an organism so widely distributed has been so infrequently recognized is probably due to the fact that the early cultures are like an atypical Flexner, in that they do not produce indol nor agglutinate with a Flexner serum; after about 14 days' incubation, however, lactose and saccharose are fermented. The primary cultures are seldom agglutinated strongly, if at all, by a Sonne serum, but the later sub-cultures are readily agglutinated to a high titre.

A small outbreak of Sonne's dysentery, involving 7 patients, occurred in the female wards in January and February, 1928. In November an isolated case developed on the male side, and in December a case on the female side. The following are brief notes on the cases:—

CASE 1.—C.M.A., female, aged 61, ward 1. 20th to 22nd January, diarrhoea with blood and mucus, and temp. 100° F. 23rd January, no further fever or diarrhoea. Recovery.

CASE 2.—M.A.R., female, aged 75, ward 1. 5th and 6th February, diarrhoea with blood and mucus, no fever. Bowels again relaxed with blood and mucus on 11th February; faeces formed from 12th to 17th February, when some mucus was present; normal thereafter.

CASE 3.—R.J., female, aged 39, ward 6. 6th and 7th February, diarrhoea with blood and mucus, no fever. 9th February quite recovered.

CASE 4.—M.C., female, aged 58, ward 1. 5th February, temp. 101° F., normal thereafter; 7th February, faeces fluid with blood and mucus; normal from the 8th onwards.

CASE 5.—E.R., female, aged 72, ward 6. 3rd February, temp. 99° F., normal afterwards. 7th to 10th February, diarrhoea, foul smelling, mucus present. Faeces normal from 11th February.

CASE 6.—M.W., female, aged 61, ward 6. 25th February, operated upon for intestinal obstruction, found to be due to strangulation of small bowel by bands and adhesions. 26th February, diarrhoea; 28th, faeces foul smelling with blood and mucus. 2nd March, died. P.M. revealed acute peritonitis; necrosis of lower ileum, and catarrhal enteritis of large bowel.

CASE 7.—C.P., female, aged 64, ward 8. 27th February, diarrhoea; 28th February, mucus present; 29th, blood and mucus present; 1st March, mucus only; faeces normal thereafter. No fever at any time. Recovery.

CASE 8.—J.H., male, aged 76, ward 22. 18th November, diarrhoea with mucus; temp. 100·6° F. 19th and 20th November, no fever, but diarrhoea with mucus. 22nd to 25th November, diarrhoea with blood and mucus, no fever. 26th November onwards, no further diarrhoea, faeces normal.

CASE 9.—E.C., female, aged 64, ward 2. 23rd and 24th December, foul smelling diarrhoea with mucus; no fever; complaint of abdominal pain, but no rigidity. 25th to 27th December, relaxed, but no mucus. 28th December, recovery.

In each case the infection was a mild one with little or no constitutional disturbance; it yielded readily to treatment by mild purgation and the administration of Kerol by mouth, and there has been no instance of relapse. No source of infection was found.

Typhoid Fever.—In November a case of typhoid developed on the female side, and in the search for a source of infection two “carriers” were found.

M.L., female, aged 24, admitted 30th July, 1927; ward 4. 25th November, temp. 102·6° F., pulse 114, respiration 24. Headache and epistaxis. 28th November, blood culture revealed presence of *B. typhosus*. Organism recovered from faeces on 13th December. Patient made an uninterrupted recovery, and urine and faeces were negative to *B. typhosus* after 27th December.

Specimens of faeces were cultured and Widal tests done on the blood from each patient and nurse in ward 4, with the following results:—

<i>Patients :</i>	Faeces— <i>B. coli</i> only	...	...	...	41
	„ plus <i>B. typhosus</i>	...	...	...	2
	„ „ <i>B. paracoli</i>	...	...	...	2
	„ „ <i>B. faecalis alkaligenes</i>	...	...	...	1
	„ „ <i>B. morgani</i>	...	...	...	1
	Total	...	...	...	47
<i>Staff :</i>	Faeces— <i>B. coli</i> only	...	...	...	3
	„ plus <i>B. paracoli</i>	...	...	...	1
	Total	...	...	...	4
<i>Patients :</i>	Widal, over 1/50 to <i>B. typhosus</i>	...	...	...	19
<i>Staff :</i>	„ „ „ „	...	...	...	2

The “carriers” detected were:—

E.P., female, aged 64, admitted 1st January, 1902; ward 4. 6th December, *B. typhosus* present in faeces; blood Widal 1/125. No history of Typhoid.

C.C., female, aged 48, admitted 29th June, 1926; ward 4. 6th December, *B. typhosus* present in faeces; blood Widal 1/50. No history of Typhoid.

Autogenous vaccines were prepared and given to these “carriers”; at the year *B. typhosus* was still to be found in large numbers in the faeces of E.P., but they could not be cultured from the excretions of C.C.

Malaria Treatment of General Paralysis.—Ten cases have been treated during the year, including 6 male paralytics transferred from a neighbouring mental hospital for this treatment. The practice during the year has been to allow the patient to have four or five pyrexial attacks, then to cut short the malaria by means of quin. sulph. gr. 5 per os, and await a relapse, which usually occurred in from ten days to three weeks. Two or three such relapses were thus allowed, and the malaria finally cured by means of quin. sulph. gr. 10, thrice daily for three days.

The following are the year's results:—

Deaths, unassociated with malaria	...	...	...	1
Unimproved	...	...	...	3
Slightly improved	...	...	...	3
Discharged	...	...	...	3

Added to the cases treated since 1924, the results are as follows:—

Deaths, unassociated with malaria	...	...	16	27.5%
Deaths associated with malaria	...	...	5	8.6%
Unimproved	...	...	11	18.9%
Slightly improved	...	...	6	10.3%
Much improved	...	...	6	10.3%
Discharged	...	...	14	24.1%
Total				58

Cardiac Infarction.—Four cases of cardiac infarction have recently been encountered. The first two cases were reported in the *British Medical Journal*, February 11th, 1928: “Two cases of Cardiac Infarction; one followed by calcification of the heart, the other by rupture.” The specimen with calcification of the infarct was also demonstrated at the Royal Society of Medicine, Section of Medicine, in January, 1928.

XXII.—FROM ST. ANDREW'S HOSPITAL, NORTHAMPTON.

General Report.—By Dr. D. F. RAMBAUT, Medical Superintendent.

In the first whole year of work Wantage House, the new Reception Hospital, has always been full, and 72 patients—36 of each sex—have been admitted. The initial scheme of routine research on which the method of co-ordinated investigations on clinical and laboratory lines was based has been satisfactorily carried out. All cases admitted have gone through the examinations and tests assigned to each department. In each case the value of thorough overhaul has been clearly shown, and has not only enabled the medical staff to give treatment based on more scientific lines, but with better control and study of results. The organization and training of the staff in the special work of the departments has been completed and a high standard of efficiency attained.

Owing to the relatively small numbers of cases under treatment, the results from the point of view of recovery and discharge rate in the form of statistics are so tentative and probably misleading that it has been considered advisable to defer giving figures at present. It is sufficient to state that so far the results of treatment have been gratifying. Some cases which had been under care for periods varying from one to three years, and which were looked upon as of a chronic type, recovered when subjected to treatment based on the findings of a comprehensive bacteriological and biochemical investigation. In the X-ray laboratory and clinical departments additional equipment has been supplied and is detailed under the separate reports.

A.—The Hydrotherapy Department.

Full use of the baths and accessories has been made during the year. Observations on the results of treatment have now made it possible to adopt a definite scheme of treatment which can be applied to the needs and fitness of each patient.

The type of cases most likely to receive maximum benefit are those in whom the skin and eliminatory functions are obviously inadequate. Laboratory examination of the character and quantity of the urine are helpful here. It is a matter of surprise in how many cases the condition and appearance of the skin improves, especially in colour and tone. Unpleasant bodily emanation is also minimized. In some, these changes are accompanied, especially in melancholia, by improvement mentally. They become less agitated, sleep is promoted, and they frequently state that they feel better. The treatment adopted here is *Short-period Immersion Baths* varying from $\frac{1}{2}$ to $\frac{3}{4}$ of an hour, at a temperature from 97° F. to 98° F. In the first week or ten days the bath may be given daily, but intervals of

one day are allowed later. The course is usually completed in 4 to 5 weeks. It is necessary to add that a course of *Plombières intestinal lavage* accompanies this series of baths. The former precedes so that any discomfort produced or adverse psychic effects may be ameliorated as far as possible. For excited and restless states and cases of mania the *Prolonged Immersion Bath* varying from 1 hour to as long as 8 hours has been tried. This method has continued to show advantage over seclusion and sedative drugs. Provided the temperature of the bath is maintained at a level of 97° F. little or no exhaustion ensues. The attacks in mania are shortened and the extreme physical exhaustion apparent in many is frequently avoided.

Stimulative hydrotherapy in the form of the *Needle Bath* and *Scotch Douche* has now been almost entirely relegated to the treatment of convalescent cases. They are enjoyed by most patients, and their tonic effect is most marked.

Intestinal lavage by the *Plombières* method continues to be a routine treatment for most cases on admission. *Hydrogen Peroxide* has been used in the lavage water with satisfactory results. The method of reporting each evacuation has been found satisfactory. The report findings, although not sufficiently numerous for accurate analysis, are bringing to light some interesting facts that will require further study. During the clinical examination many patients on admission have been found to be suffering from varying degrees of "*Tonic Hardening*" of the colon, the descending and sigmoid portions being so far most commonly affected. These cases are found to be obstinately constipated and do not respond as a rule to the usual treatment. On the other hand, they generally benefit by a course of lavage, and a return to regular habits can be established by mild laxatives, which later can, as a rule, be dispensed with.

B.—*The Laboratories*.—By Dr. W. M. FORD-ROBERTSON, Pathologist, Biochemist and Bacteriologist, and Mr. C. WEBB, Assistant.

1. *The Biochemical Department*.—During the year the following examinations have been carried out:—

Blood.—Non-protein nitrogen, 156 examinations; uric acid, 140; serum calcium, 139; chlorides, 78; Van den Bergh, 146; CO₂ (Van Slyke), 151.

Blood Counts.—Estimation of red cells, leucocytes, and differential hæmoglobin by Tallquist's colour scale and the Meischer method, 181.

Glucose tolerance test on 50 grms.—The blood sugar curve estimated on eight readings by McLean's method, 85.

Fractional test meal on a standard oatmeal gruel.—Estimation of resting juice and quarter-hourly samples up to two hours, for free and combined acidity, pepsin content in resting juice, and at one hour, chlorides, mucus and starch. Microscopical examination for cells, etc., 81.

Cerebro-spinal fluid.—Manometer pressure, colloidal gold, cytology and usual routine examination, 26.

Urine.—24-hour measured sample. Full qualitative and quantitative examination and C.D., 158.

Urine.—Single samples for qualitative only, 142.

Stools.—Estimation of soluble mucus, stercobilin, occult blood, smears for digestive function and bacterial content.

Owing to pressure of work it has not been possible to assess the findings in a statistical form. However, the value of a more or less comprehensive series of tests is being steadily proved and the interrelation of one picture of functional disorder to another in a single case is of considerable interest. Further, the comparative figures comprising those obtained on admission, during residence, and later at discharge serve to show the effects of treatment and what factors are principally involved in recovery. Some of the variations of the findings observed at those different stages are found to

be common to all cases, and when correlated with the other findings may, it is hoped, lead to a better understanding of some of the pathological processes underlying mental disorders. Other cases, again, are more complex, and at the moment speculative. In addition to the biochemical aspects of gastric function a detailed investigation of the bacteriology of the stomach is being made, and the correlation of the two is proving of exceptional interest. Efforts are being made to trace the sources of gastritis and chronic enteritis from infected teeth and tonsils, in which the close collaboration of the X-ray, Dental, and Ear, Nose and Throat Departments has been indispensable.

The Glucose Tolerance Test has produced variable results, but in many cases gives evidence of disordered metabolism, and serves as a guide to treatment.

2. The Bacteriological Department.—The total number of bacteriological examinations carried out were 301, as follows:—tonsillar material, 34; antrum washings, 3; sputa, 13; dental, 38; gum, 3; nasal, 10; resting juice, 51; pus, 10; urines, 5; stools, 108; cervix, 5; c.s.f., 21.

The work of the department was started early in the year. The technique that has been adopted is similar to that used by myself for over two years while Honorary Bacteriologist to a General hospital. Many hundreds of bacteriological examinations on every kind of specimen were made from patients suffering from physical illness without mental disorder, but some thirteen border-line cases with mental symptoms formed a basis of comparison in the study of their focal infections. It is, I think, of interest to record that a striking similarity of microbic infection—especially intestinal—exists between this small border-line group and those patients who have been investigated during the year here. The only difference is one of degree, the patients here showing a more severe microbic infection.

The technique is standardized for all examinations, and the media are chosen so as to be as selective as possible to the main groups of bacteria. The media for primary culture is as follows:—

Aerobic.—1. Maconky bile-salt agar plates for the coliform groups.

2. Chocolate agar plates, containing 1 per cent. glucose, a selective and differentiating medium for the streptococcal group.

Anærobic.—1. Hæmoglobin glucose agar, reaction plus 15, prepared by a special method to ensure complete anærobiasis.

I consider the last-mentioned culture medium is absolutely essential if further progress is to be made in the study of the peculiar and special types of bacterial infection (apart from filter-passers) associated with insanity.

The original work in this anærobic technique was carried out by the late Dr. Ford-Robertson (Pathologist to the Scottish Asylums). During the past six years I have been able to continue and to bring up to date this research. Without exception these investigations carried out by the late Dr. Ford-Robertson have so far been verified by me, and in some instances extended.

The anærobic technique is mainly selective for bacteria of the diphtheroid and lepto-streptothrix group, and is invaluable in the study of the intestinal flora of mental patients. Focal infection is by no means rare by this group in the bacteriological examinations of the tonsils and teeth. It has been possible in some cases to trace one or other type of this group of bacteria from mouth to stomach and intestine. The diphtheroid and lepto-streptothrix group under consideration are, with a few exceptions, exclusively anærobic, and do not appear on the primary aerobic media. Some, however, are aerobically facultative, while the converse may also hold good for the more common aerobic species, such as the Hoffman type of diphtheroid and Klebs-Löffler bacillus. In many cases primary aerobic culture of the stool has yielded singularly negative results, except perhaps normal coliforms. In contrast to this, the anærobic culture has grown almost pure

colonies of diphtheroid or leptothrix or both. Again, in some as many as three distinct species of anærobic diphtheroids can be isolated from one sample of stool. In making a survey of a hundred intestinal cultures the predominance of these two species of anærobes is striking. The late Dr. Ford-Robertson, in his study of the pathogenic action of this group, believed them to be especially, if not specifically, neurotoxic. During the past five years I have had ample opportunity of observing the effects of toxic conditions arising from such infections. I feel confident that his claims will be justified. My observations in the past, but especially more recently, on patients under vaccine treatment have helped to justify the theory of neurointoxication arising out of chronic infection, especially by a group of bacteria having a selective anærobic habit.

The study and classification of those organisms is being continued. A Hegener Zeiss micro-photographic camera has been added to the laboratory equipment, and a series of colour microphotographs is being made. In connection with the bacteriological work a large number of autogenous vaccines have been prepared from the predominating organisms in each patient's flora. The effects of therapeutic immunization are being studied, and so far have met with gratifying results in many cases. In some, especially those of the recurrent type, provocative doses of their corresponding toxin have produced exacerbation of a quiescent mental state and in others precipitated the expected attack.

3. *Pathological work*.—Sections for diagnostic purposes have been carried out as they have been required.

C.—*The X-ray Department.*

C.—*The X-ray Department* and subsequent reports by Dr. W. M. FORD-ROBERTSON.

A stereoscope has been added to the equipment. During the year 238 successful X-ray photographs have been taken. Radiographs of the head are being included in every case as part of the work of the Ear, Nose and Throat Department, in a search for evidence of disease of the accessory sinuses. The photographs are studied by means of the stereoscope. Thirteen patients were given either the opaque meal or barium enema for examination of the gastro-intestinal tract under the fluorescent screen. Three cases were examined for suspected foreign body. In each the diagnosis was confirmed and the successful removal expedited. Fifty-nine patients had a complete series of dental X-ray photographs taken.

D.—*The Electrical Department.*

1. Artificial Sunlight Therapy by the *Mercury Vapour lamp* has been given to 39 patients, while 11 received local application. The effects on their mental and physical condition have been recorded, and in some cases benefit has been derived. As far as possible blood counts and blood pressures have been taken before and after treatment.

2. Eight patients received *Diathermy*, the majority of whom were treated for chronic inflammatory conditions of the pelvic organs and associated disturbances.

E.—*Ear, Nose and Throat Department.*

The search for evidence of diseases of the upper respiratory passages, including the accessory sinuses, has been continued. Six cases were examined in consultation with Dr. G. Broughton Barnes, F.R.C.S., Honorary Ear, Nose and Throat Surgeon to the Northampton General Hospital. In three, exploratory puncture of the antrum was necessary, and one of these underwent tonsillar enucleation later. Resection of the nasal septum was carried out in another case.

Minor degrees of tonsil and faucial inflammation are fairly common, and in some the tonsils show definite pathological changes with enlargement. Chronic post-nasal catarrh is usually associated with this condition. Only

a few of such cases are sufficiently severe to necessitate anything more than local or vaccine treatment. Most of these cases showed considerable improvement at the time of their discharge. The method devised by Dr. F. C. Eve, F.R.C.P., of applying suction to the tonsils has been tried. The procedure is simple, and it has been surprising to note, if this technique is tried in every suitable case, the amount of debris, pus, or mucoid secretion that apparently innocuous tonsils will contain. The contents of the crypts have been subjected to bacteriological examination. Transillumination of the antrum and frontal sinuses has been continued in conjunction with the antero-posterior stereoscopic radiographs.

F.—*Non-Specific Protein Therapy.*

The production of febrile attacks by intravenous injections of t.a.b. vaccine has been carried out in a number of cases. A careful study is being made of the immediate and remote effects. During the course of fever the temperature, pulse, and respirations are taken every half-hour, and subjective and objective symptoms are also being recorded. The response to the injections is most variable, and an attempt is being made to study the reactions in the light of the laboratory findings in each case. As a treatment the results have been satisfactory in a fair proportion of cases. Much depends upon the nature and suitability of the patient, and discretion as to time, dosage and interval is essential.

G.—*The Dental Department.*

During the year, 59 patients were examined by the visiting Dental Surgeon, Mr. Frank Husbands, L.D.S. In the majority treatment was found necessary. Each patient had complete X-ray photographs of the mouth taken by Dr. Ford-Robertson. The policy of adopting X-ray diagnosis in conjunction with the clinical examination has been justified by the results and is now considered essential. A preliminary survey of the cases examined would show that the most common source of sepsis arises out of devitalised teeth—especially those carrying gold crowns and in some instances bridges. Almost without exception such teeth are the seat of apical trouble in all stages. The granuloma appears to be most often met with, but extensive rarefying abscesses are not uncommon. Pyorrhæa and hypertrophic gingivitis, on the other hand, are not found as frequently as might be supposed. Some, especially younger patients, present apical infection without previous devitalisation; the areas tend to be smaller, but are, as a rule, unmistakable. Where teeth are extracted one or more are subjected to bacteriological examination in order to verify the clinical and radiological findings. So far no dead teeth have been proved sterile, and the majority have been found to be fertile sources of streptococci and other bacteria. It has been considered essential to remove such teeth, but in the interests of adequate mastication the policy of preservation has been aimed at—without risking the patient's health.

H.—*Endocrine Therapy.*

Oral and hypodermic treatment has been given as an adjuvant to other treatment, as few patients have shown an obvious endocrine syndrome requiring specific measures. A number, however, give evidence of minor degrees of hypo-function—usually of more than one gland—and these have been treated according to indications.

I.—*The Operating Theatre.*

Seven major and two minor operations have been performed during the year by visiting Surgeons.

XXIII.—FROM WOLFORD HOUSE HOSPITAL, EXETER.

The Hæmatopoietic Tissues in General Paresis.—By Dr. H. W. EDDISON, D.P.M., Medical Superintendent.

In general paresis there is impairment of the function of the leucoblastic tissues in the bone-marrow, with diminution of the leucocyte-reserve. This is not the case in non-paretic syphilis.

Consequently, when some infection is induced which will excite polymorphocytosis the circulation immediately receives a high proportion of immature leucocytes.

The degree of leucocytic reaction induced by infection with spirochaete Obermeieri or other leucogenic agent varies inversely with the stage to which the general paresis has advanced.

The progress of the paresis can sometimes be stayed by measures which result in increased leucogenesis.

On the other hand, the progress of the general paresis is hastened in cases which produce an unsatisfactory leucocytic reaction.

The better the clinical condition of the patient after such pyrexial treatment, the nearer does the leucocyte-count subsequently approach the normal, and the converse is equally true.

The depression of leucopoietic activity may account for the ease with which bed-sores are developed in paretic subjects and the readiness with which they die of intercurrent infection.

The pathological changes in the central nervous system in general paresis are of two orders:—

1. Meningo-vascular syphilis, and
2. Parenchymatous neuronal degeneration.

The nature of the parenchymatous changes differentiate paresis from other forms of cerebral syphilis.

The affection of the blood-forming tissues referred to above constitutes another differentiating factor not found in non-paretic syphilis. It is possible that this last-mentioned condition is one which depresses the cerebral tissues and allows the spirochaetes to invade, to destroy and to lodge in them.

An analogy may be drawn between general paresis and pernicious anæmia, in that:—

1. There is, in both, impairment of the activity of the blood-forming organs, and
2. The distribution of the degenerated areas in the medulla and cord is suggestively similar in both.

The Rationale of Treatment.—In modern pyrexial therapy, the only effect apparently common to all methods is to stimulate a leucocytic reaction, or in some cases a lymphocytic. Considerable attention has been paid to the pyrexia, but apparently little or none to the stimulus given to the depressed reticulo-endothelium.

It is suggested that it is futile to over-stimulate an already exhausted system, and that the rationale of pyrexial treatment should be to stimulate the leucogenic functions at a time when this means of combating infection, associated as it is with the production of fever, would be more likely to be successful. This should be in the earliest stages of paresis or, better still, employed as a preventive measure as a routine in the treatment of syphilis in the secondary or tertiary stages, at any rate in the presence of any known associated facts which justify the fear that the patient may develop general paresis, though admittedly this would not apply to many cases.

The selection of cases for pyrexial treatment should be controlled by making a preliminary test with nucleinate or some other similar agent, in order to avoid applying drastic pyrexial treatment to patients who show a poor leucocytic response, since those cases which produced a poor response with relapsing fever showed that the course of the paresis was thereby hastened.

Technical details.—Differential blood-counts, Gruebler's Leishman stain; reticulated red cells, Cresyl blue; nuclear differentiation, Pappenheim's nuclear stain; reticulo-endothelial tissues, Hortega's silver method. Blood in untreated G.P.I., 50 cases; histological examination in 15 cases; relapsing fever in 31 cases; other pyrexial methods in 15 cases; histological examination after relapsing fever, 0 (no deaths).

APPENDIX A.

Circular No. 709.

20th April, 1928.

RE SMALL-POX.

As you are doubtless aware, there is a widespread prevalence of Small-pox. At several mental hospitals concern has been felt by reason of the fact that cases of Small-pox have arisen within the area served by the institution; and, at the moment, at one large mental hospital an outbreak has occurred which undoubtedly would have been widespread had not prompt and vigorous measures been taken.

In these circumstances, I am to remind you of the Board's circular letter No. 622 of July 10th, 1923.

The Commissioners again desire to emphasize the view that the only real and effective protection is vaccination and re-vaccination, and that it is a mistake to rely solely upon emergency regulations restricting the admission of patients and visitation.

Moreover, the development of a case of Small-pox in a mental hospital, until it is recognized and adequately isolated, is in itself a serious menace not only to the institution's residents unless they have been successfully recently vaccinated or re-vaccinated, but also to the outside community. The daily life of a mental hospital involves much contact of the patients with each other at meals, at work, and at recreation: with the result that one unrecognized case can quickly give rise to a serious outbreak. Further, if any such unrecognized cases are visited by friends, the disease may easily be spread among the general public.

For the foregoing reasons and in view of the prevalence of Small-pox the Board suggest, for the consideration of your Committee and yourself that (1) vaccination should be offered to every member of the staff, and (2) all the patients should be vaccinated excepting those in whose cases, on medical grounds, such procedure is thought to be contra-indicated and the possible few requiring force for the purpose.

The Commissioners are aware that complete vaccination of all patients and staff has been carried out from time to time at some mental hospitals, but they desire to have more accurate knowledge as to this matter. I am accordingly to ask you to be so good as to say:—

(1) Whether vaccination has ever been carried out at your institution of (a) all staff and (b) all patients.

(2) If so, the date of the last occasion when such procedure was effected, and

(3) Whether since that date (a) all newly joined staff and (b) newly admitted patients have been vaccinated.

I am to request that this information be supplied within the next few days.

The Medical Superintendent
of each County and Borough Mental Hospital
in England and Wales.

TABLE I.

ANNUAL RETURN of INSANE PERSONS confined in INSTITUTIONS FOR THE INSANE, and in PRIVATE SINGLE CHARGE
COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	NUMBER OF PATIENTS, 1st JANUARY, 1928.					ADMISSIONS DURING THE YEAR 1928.												DISCHARGES DURING THE YEAR 1928.											
	PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Of the Total Number.												Total Number.		Of the Total Number.									
						Total Number.		Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).		Private (including Criminal Patients).		Discharged Recovered.			Of the Number Discharged Recovered Private (including Criminal Patients).									
M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.					
COUNTY AND DISTRICT MENTAL HOSPITALS.																													
Beds, Herts and Hunts ...	44	29	428	534	1,035	141	125	266	2	1	18	20	69	25	-	-	78	73	151	3	4	30	44	3	3	1			
Berks, Reading C.B., Newbury B., and New Windsor B. ...	29	1	285	493	808	65	93	158	-	1	11	35	9	6	-	-	26	48	74	2	1	14	21	1	1	2			
Brecon, Radnor, and Montgomery C. Bucks ...	27	7	182	230	446	37	31	68	1	-	4	7	3	-	-	-	18	13	31	3	1	12	10	1	-	3			
Cambridge C., Isle of Ely, and Cam- bridge B. ...	48	42	253	362	705	60	90	150	5	4	10	25	8	13	1	1	27	47	74	4	3	21	40	3	2	4			
Carmarthen, Cardigan, and Pem- broke C. ...	21	5	205	435	666	68	67	135	-	3	8	9	4	5	-	1	36	46	82	4	3	21	30	-	-	5			
Chester C., Birkenhead C.B., Stock- port C.B.(part),and Wallasey C.B.:	31	15	304	305	655	56	71	127	4	4	13	15	2	4	-	-	34	25	59	6	3	22	16	2	1	6			
Chester ...	104	49	575	824	1,552	162	177	339	1	9	34	41	12	13	-	3	84	93	177	10	8	43	54	3	6	7			
Parkside ...	110	90	457	637	1,294	74	116	190	1	9	17	33	5	6	-	3	40	72	112	8	11	18	46	-	5	8			
Cornwall ...	71	43	449	537	1,100	90	107	197	3	3	11	31	2	8	-	1	44	58	102	8	11	34	40	3	6	9			
Cumberland, Westmorland, and Carlisle C.B. ...	47	26	414	377	864	50	64	114	2	-	6	17	2	2	1	-	19	17	36	1	2	11	15	1	1	10			
Denbigh, Anglesey, Camarvon, Flint, and Merioneth C. ...	85	36	456	516	1,093	113	105	218	3	7	22	27	11	6	-	1	40	51	91	4	9	32	42	3	4	11			
Derby C. ...	34	-	380	422	836	108	141	249	3	-	11	25	6	2	2	-	55	95	150	1	-	34	49	1	-	12			
Devon ...	73	35	417	698	1,223	181	183	364	7	20	12	28	72	24	2	2	70	90	160	8	6	41	60	5	3	13			
Dorset ...	89	107	273	411	880	65	89	154	11	11	11	21	4	11	2	2	39	45	84	10	5	23	32	7	3	14			
Durham and Darlington C.B. ...	93	9	725	761	1,588	169	155	324	2	-	20	34	11	4	-	-	84	73	157	3	2	35	30	-	-	15			
Essex and Colchester B.:																													
Brentwood ...	90	2	612	1,066	1,770	188	262	450	5	-	35	65	14	26	2	-	127	195	322	4	-	52	78	2	-	16			
Severalls ...	82	73	660	915	1,730	126	211	337	4	15	20	46	9	41	1	-	78	66	144	6	10	23	35	2	1	17			
Glamorgan and Merthyr Tydfil C.B.	126	22	985	800	1,933	200	198	398	3	2	39	36	3	6	-	-	68	76	144	7	5	38	46	3	2	18			
Gloucester C. and Gloucester C.B.	50	17	415	689	1,171	98	106	204	4	4	17	15	5	8	2	1	37	44	81	2	-	18	31	-	-	19			
Hants, Southampton C.B., and Bournemouth C.B.:																													
Knowle ...	42	-	432	572	1,046	76	84	160	1	-	11	21	5	7	-	-	35	53	88	2	-	23	33	2	-	20			
Park Prewett ...	50	40	517	643	1,250	119	167	286	11	12	15	39	8	21	5	5	71	88	159	7	10	25	20	3	-	21			
Hereford C. and Hereford B. ...	24	8	173	292	497	45	47	92	1	7	3	10	26	2	1	-	11	20	31	-	6	8	15	-	4	22			
Herts ...	44	5	289	580	918	77	107	184	1	2	17	31	4	9	1	-	99	79	178	3	3	19	34	-	2	23			
Kent and Gravesend B.:																													
Barming Heath ...	74	1	678	1,100	1,853	146	267	413	3	-	22	53	8	23	-	-	100	108	208	9	1	33	66	5	-	24			
Chartham ...	57	11	542	665	1,275	180	150	330	4	1	15	19	50	13	1	1	54	70	124	7	6	30	35	2	1	25			
Lancaster C., all the County- Boroughs, and Stockport C.B. (part):																													
Lancaster ...	171	252	745	1,487	2,655	139	229	368	19	40	8	20	4	16	3	12	66	116	182	13	35	30	66	3	17	26			
Rainhill ...	169	-	1,021	1,305	2,495	235	332	567	6	1	41	75	15	16	2	-	140	217	357	5	-	87	143	3	-	27			

TABLE I.

on the 1st January, 1929, together with the Number of Admissions, Discharges, Deaths, &c., during the preceding Year.

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.

DEATHS DURING THE YEAR 1928.			NUMBER OF PATIENTS REMAINING, 1st JANUARY 1929.										RECOVERY RATES.			DEATH RATES.			County, District, and County-Borough Mental Hospitals.		
Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Average Number Resident during 1928.								Proportion [per Cent.] of Recoveries during the Year 1928 to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1928.	Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1928.
			Private (including Criminal Patients).		Number of Post-mortem Examinations made.																
M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	Total.	M.	F.		Total.	
1	48	41	89	4	5	31	19	40	26	447	548	1,061	467	564	41.7	44.0	43.0	10.3	7.3	8.6	COUNTY, &c. HOSPITALS. Beds, &c.
2	31	28	59	-	-	11	14	28	1	294	510	833	320	501	25.0	24.1	24.5	9.7	5.6	7.2	Berks, &c.
3	7	10	17	1	-	6	7	27	5	194	240	466	216	243	35.3	32.3	33.8	3.2	4.1	3.7	Brecon, &c.
4	26	33	59	4	4	18	22	45	40	263	374	722	301	411	40.4	51.6	47.3	8.6	8.0	8.3	Bucks.
5	21	26	47	1	-	16	23	21	5	216	430	672	233	428	32.8	48.4	40.5	9.0	6.1	7.1	Cambridge C., &c.
6	23	37	60	3	1	10	8	26	16	308	313	663	331	325	41.5	23.9	31.7	6.9	11.4	9.1	Carmarthen, &c.
7	68	65	133	5	8	47	51	98	43	591	849	1,581	681	885	28.7	32.9	30.9	10.0	7.3	8.5	Chester C., &c. : Chester.
8	29	42	71	5	3	24	32	101	85	471	644	1,301	573	726	26.1	41.8	35.8	5.1	5.8	5.5	Parkside.
9	36	56	92	2	5	28	23	74	50	456	523	1,103	512	568	39.5	40.4	40.0	7.0	9.8	8.5	Cornwall.
10	39	28	67	5	1	39	28	44	25	409	397	875	458	413	22.9	24.2	23.6	8.5	6.8	7.7	Cumberland, &c.
11	44	42	86	1	5	10	11	87	31	483	533	1,134	561	560	31.4	42.4	36.8	7.8	7.5	7.7	Denbigh, &c.
12	52	28	80	-	-	36	23	38	-	377	440	855	412	432	33.3	35.3	34.4	12.6	6.5	9.5	Derby C.
13	52	42	94	5	4	37	31	69	45	480	739	1,333	497	739	38.0	37.7	37.8	10.5	5.7	7.6	Devon.
14	28	22	50	5	6	19	14	86	106	274	434	900	360	520	37.7	41.0	39.6	7.8	4.2	5.7	Dorset.
15	98	77	175	7	3	50	31	91	5	714	770	1,580	805	771	22.2	19.9	21.0	12.2	10.0	11.1	Durham C., &c. Essex, &c. : Brentwood.
16	86	67	153	5	-	69	54	92	2	585	1,066	1,745	672	1,056	29.9	33.2	31.8	12.8	6.3	8.9	Severalls.
17	63	78	141	4	6	59	70	80	77	647	978	1,782	726	1,011	19.7	20.7	20.3	8.7	7.7	8.1	Glamorgan, &c.
18	96	59	155	8	1	63	32	120	23	1,027	862	2,032	1,118	862	19.3	24.2	21.7	8.6	6.8	7.8	Gloucester C., &c.
19	30	34	64	1	-	15	13	52	21	444	713	1,230	476	719	19.6	31.6	25.8	6.3	4.7	5.4	
20	37	28	65	1	-	23	13	40	-	438	575	1,053	480	579	32.4	42.9	37.8	7.7	4.8	6.1	Hants., &c. : Knowle.
21	41	46	87	4	5	7	8	54	45	520	671	1,290	562	710	22.5	13.7	17.5	7.3	6.5	6.8	Park Prewett.
22	12	21	33	1	-	7	13	24	10	195	296	525	207	309	44.4	33.3	36.5	5.8	6.8	6.4	Hereford C., &c.
23	30	33	63	-	1	24	29	44	5	237	575	861	289	587	26.0	34.7	31.0	10.4	5.6	7.2	Herts.
24	63	70	133	7	-	57	64	67	-	668	1,190	1,925	737	1,138	26.3	27.1	26.8	8.5	6.1	7.1	Kent, &c. : Barming Heath.
25	63	64	127	2	1	42	47	57	17	605	675	1,354	624	681	23.1	25.7	24.4	10.1	9.4	9.7	Chartham.
26	71	98	169	14	12	27	30	173	252	745	1,502	2,672	911	1,746	22.4	31.1	27.7	7.8	5.6	6.4	Lancaster C., Boroughs.
27	78	93	171	4	-	46	39	171	-	1,036	1,327	2,534	1,202	1,318	39.5	45.3	42.9	6.5	7.1	6.8	(part) C.B. : Lancaster. Rainhill.

(The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.)

C. = County.
C.B. = County-Borough.
B. = Borough of Schedule IV. of Lunacy Act, 1890.

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	NUMBER OF PATIENTS, 1st JANUARY, 1928.					ADMISSIONS DURING THE YEAR 1928.												DISCHARGES DURING THE YEAR 1928.								
	PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Total Number.			Of the Total Number.								Total Number.			Of the Total Number.						
									Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).		Private (including Criminal Patients).	Discharged Recovered.				Of the Number Discharged Recovered Private (including Criminal Patients).						
M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.		
Lancaster C., all the County-Boroughs, and Stockport C.B. (part) —cont.																										
Prestwich	285	12	979	1,402	2,678	198	238	436	7	1	38		48	16	12	4	1	83	124	207	11	—	55	93	7	—
Whittingham	155	4	1,218	1,503	2,880	271	167	438	3	1	35		38	5	4	2	1	127	96	223	12	1	76	56	3	—
Winwick	60	—	995	1,150	2,205	202	223	425	—	—	24		35	5	9	—	—	102	151	253	8	—	64	93	4	—
Leicester C. and Rutland ...	34	21	277	379	711	69	88	157	—	2	7		18	2	12	—	2	29	68	97	1	1	15	42	—	—
Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., Lincoln C.B.	39	—	453	684	1,176	110	108	218	1	1	12		19	9	3	—	—	53	74	127	3	—	35	51	1	—
Lincoln C. (Kesteven Division) ...	22	15	219	236	492	33	44	77	—	3	5		8	1	4	—	—	10	30	40	—	3	8	21	—	2
London C. : Banstead	144	15	871	1,028	2,058	282	493	775	6	—	42		47	6	288	2	—	100	97	197	10	7	34	52	—	2
Bexley	104	32	910	1,088	2,134	218	173	391	2	—	40		48	11	6	1	—	102	107	209	10	8	52	41	3	2
Cane Hill	104	25	738	1,249	2,116	129	128	257	—	—	18		30	5	3	—	—	52	79	131	4	4	18	37	2	—
Claybury	235	25	739	1,240	2,239	151	215	366	10	—	36		51	13	11	7	—	69	90	159	8	3	33	46	1	1
Colney Hatch	104	23	909	1,460	2,496	202	203	405	1	2	41		53	34	36	—	—	82	129	211	4	10	33	49	2	—
Ewell Colony	1	2	98	294	395	16	127	143	—	—	2		14	7	1	—	—	8	73	81	—	4	1	43	—	1
Hanwell	149	24	864	1,309	2,346	125	207	332	3	—	33		48	8	7	2	—	64	94	158	7	3	38	45	5	2
Horton	—	190	267	1,475	1,932	13	176	189	—	6	—		23	13	56	—	6	3	89	92	—	19	—	29	—	2
Long Grove	175	24	885	989	2,073	182	136	318	4	—	25		36	7	2	—	—	88	84	172	4	8	31	45	3	3
West Park	60	19	1,050	950	2,079	294	568	862	2	1	43		89	25	74	1	—	162	444	606	9	18	82	78	4	3
Middlesex : Wandsworth	84	41	469	900	1,494	177	339	516	7	14	38		50	40	65	1	6	89	158	247	7	13	70	113	4	10
Napsbury	75	27	715	1,045	1,862	147	238	385	6	4	12		38	18	64	3	1	62	107	169	4	3	34	51	—	1
Monmouth C.	62	32	529	532	1,155	101	89	190	6	7	19		17	6	9	1	1	36	38	74	7	2	17	21	3	1
Norfolk	54	—	411	652	1,117	90	115	205	1	—	25		25	3	10	1	—	41	74	115	3	—	27	58	2	—
Northampton C.	52	10	406	485	953	61	80	141	—	1	12		14	3	4	—	—	29	41	70	1	—	12	19	1	—
Northumberland and Tynemouth C.B.	38	—	389	310	737	106	91	197	1	—	20		12	8	5	—	—	36	40	76	1	1	30	30	1	—
Nottingham C.	24	5	262	392	683	70	84	154	—	3	11		20	5	4	—	—	26	45	71	1	1	7	20	—	—
Oxford C., and Oxford C.B. ...	22	—	246	461	729	54	88	142	—	—	11		27	3	10	—	—	30	46	76	1	—	15	22	—	—
Salop, Shrewsbury B., and Wenlock B.	63	39	323	444	869	70	75	145	6	5	12		19	3	4	1	1	33	46	79	6	11	20	31	3	5
Somerset and Bath C.B. : Wells ...	33	16	298	438	785	93	106	199	4	3	13		21	24	14	2	1	35	74	109	3	6	15	28	1	4
Cotford	44	37	262	388	731	109	102	211	4	9	15		33	35	4	—	—	47	64	111	10	9	33	34	7	4
Stafford C., and all the County Boroughs :																										
Stafford	53	—	431	519	1,003	98	125	223	—	—	16		27	3	2	—	—	61	65	126	1	—	21	36	1	—
Burntwood	64	—	385	494	943	101	118	219	1	—	11		24	11	20	1	—	83	41	124	3	—	27	26	1	—
Cheddleton	68	4	542	520	1,134	117	142	259	1	4	20		46	2	8	1	1	70	114	184	1	7	24	34	1	3
Suffolk, E. and W.	54	4	445	531	1,034	67	89	156	3	—	13		16	2	7	1	—	36	63	99	2	1	7	17	—	—
Surrey and (for Brookwood) Guildford B. : Brookwood	32	—	509	824	1,365	106	128	234	1	1	23		35	11	14	1	—	62	72	134	2	—	31	31	—	—
Netherne	75	58	292	535	960	75	155	230	3	4	8		23	8	16	—	—	39	91	130	3	6	9	41	—	—
Sussex, East	67	56	418	675	1,216	104	159	263	4	8	35		47	18	7	2	—	51	83	134	6	12	24	50	2	2
West	41	31	290	450	812	76	107	183	5	7	6		17	8	10	—	3	29	40	69	4	8	23	31	3	5
Warwick C., Coventry C.B., and Warwick B.	50	40	421	605	1,116	122	161	283	5	21	32		51	6	12	1	4	56	71	127	5	12	32	54	1	10
Wight, Isle of	17	26	104	192	339	22	41	63	2	6	5		12	3	1	—	—	15	24	39	5	3	10	16	3	1

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued.

DEATHS DURING THE YEAR 1928.				NUMBER OF PATIENTS REMAINING, 1st JANUARY 1929.									Average Number Resident during 1928.			RECOVERY RATES.			DEATH RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.
Total Number.			Of the Total Number.		Number of Post-mortem Examinations made.		PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Proportion [per Cent.] of Recoveries during the Year 1928, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1928.				Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1928.						
			M.	F.			Total.	M.	F.	M.		F.	M.	F.	M.	F.	Total.	M.	F.	Total.		
1	87	79	166	7	—	64	47	277	13	1,015	1,436	2,741	1,277	1,436	30.2	41.2	36.3	6.8	5.5	6.1	Lancaster C., all the County-Boroughs, and Stockport C.B. (part)— <i>cont.</i> Prestwich. Whittingham. Winwick. Leicester C. and Rutland. Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., and Lincoln C.B. Lincoln C. (Kesteven Division). London C. : Banstead Bexley. Cane Hill. Claybury. Colney Hatch. Ewell Colony. Hanwell. Horton. Long Grove. West Park. Middlesex : Wandsworth. Napsbury. Monmouth C. Norfolk. Northampton C. Northumberland and Tynemouth C.B. Nottingham C. Oxford C., and Oxford C.B. Salop, Shrewsbury B., and Wenlock B. Somerset and Bath C.B. : Wells. Cotford Stafford C., and all the County Boroughs : Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B : Brookwood. Netherne. Sussex, East. „ West. Warwick C., Coventry C.B., and Warwick B. Wight, Isle of.	
2	128	69	197	3	—	48	29	153	4	1,236	1,505	2,898	1,384	1,507	28.6	34.4	30.8	9.2	4.6	6.8		
3	83	70	153	4	—	42	19	61	—	1,011	1,152	2,224	1,068	1,148	32.5	43.5	38.2	7.8	6.1	6.9		
4	29	28	57	1	1	27	24	32	23	290	369	714	319	401	22.4	55.3	39.9	9.1	7.0	7.9		
5	44	39	83	1	—	24	17	40	1	465	678	1,184	500	667	34.7	48.6	41.7	8.8	5.8	7.0		
6	23	17	40	1	1	16	13	21	14	220	234	489	241	250	25.0	52.5	40.3	9.5	6.8	8.1		
7	82	45	127	1	—	61	33	153	19	962	1,375	2,509	1,067	1,166	12.3	25.4	17.9	7.7	3.9	5.7		
8	85	56	141	7	2	56	29	104	29	941	1,101	2,175	1,028	1,126	25.1	24.6	24.9	8.3	5.0	6.5		
9	57	62	119	5	1	42	46	99	31	763	1,230	2,123	851	1,270	14.5	29.6	22.1	6.7	4.9	5.6		
10	58	76	134	13	2	36	58	239	31	759	1,283	2,312	981	1,280	23.9	22.5	23.1	5.9	5.9	5.9		
11	63	66	129	3	2	29	36	104	28	966	1,463	2,561	1,041	1,492	19.6	29.3	24.5	6.1	4.4	5.1		
12	6	15	21	—	—	5	11	1	3	100	332	436	100	322	11.1	34.1	32.6	6.0	4.7	5.0		
13	50	83	133	1	2	18	28	149	25	875	1,338	2,387	1,022	1,360	32.5	22.5	26.2	4.9	6.1	5.6		
14	8	81	89	—	7	6	56	—	186	269	1,485	1,940	270	1,670	—	24.2	24.2	3.0	4.9	4.6		
15	64	42	106	4	2	40	22	180	27	910	996	2,113	1,061	1,021	17.7	33.6	24.6	6.0	4.1	5.1		
16	109	118	227	3	4	56	59	64	33	1,069	942	2,108	1,122	949	30.5	15.8	21.0	9.7	12.4	11.0		
17	53	71	124	3	4	29	26	84	50	504	1,001	1,639	563	968	51.1	41.2	44.5	9.4	7.3	8.1		
18	65	57	122	1	1	60	55	75	27	735	1,119	1,956	804	1,089	26.4	29.3	28.1	8.1	5.2	6.4		
19	39	23	62	1	—	37	20	66	38	551	554	1,209	611	571	18.1	26.2	21.8	6.4	4.0	5.2		
20	43	29	72	1	—	19	18	53	—	418	664	1,135	471	658	31.0	55.2	44.3	9.1	4.4	6.4		
21	25	31	56	—	2	16	15	53	9	412	494	968	456	495	20.7	25.0	23.1	5.5	6.3	5.9		
22	46	34	80	—	—	24	15	37	—	414	327	778	445	320	30.6	34.9	32.6	10.3	10.6	10.5		
23	43	28	71	1	—	36	16	22	8	265	400	695	283	399	10.8	25.0	18.6	15.2	7.0	10.4		
24	19	33	52	2	—	15	20	20	—	253	470	743	266	455	29.4	28.2	28.7	7.1	7.3	7.2		
25	27	28	55	3	1	12	9	59	33	337	451	880	390	485	29.9	43.7	37.0	6.9	5.8	6.3		
26	29	34	63	2	2	22	24	34	19	326	433	812	342	467	22.1	30.8	27.0	8.5	7.3	7.8		
27	31	35	66	2	5	22	24	41	39	296	389	765	337	419	45.2	34.7	39.2	9.2	8.4	8.7		
28	35	43	78	1	—	21	18	53	—	433	536	1,022	489	521	22.1	29.3	26.2	7.2	8.3	7.7		
29	48	66	114	3	—	47	57	58	—	361	505	924	429	501	30.0	26.5	28.2	11.2	13.2	12.3		
30	59	43	102	5	—	56	40	64	8	534	501	1,107	604	527	20.9	25.4	23.3	9.8	8.2	9.0		
31	37	27	64	1	1	26	11	53	2	440	532	1,027	505	536	10.8	21.0	16.4	7.3	5.0	6.1		
32	32	45	77	2	—	13	17	31	1	522	834	1,388	553	827	32.6	27.2	29.7	5.8	5.4	5.6		
33	28	47	75	6	3	21	33	71	59	304	551	985	371	614	13.4	29.5	24.3	7.5	7.7	7.6		
34	40	44	84	4	3	29	31	64	52	434	711	1,261	484	748	28.2	32.9	31.2	8.2	5.9	6.8		
35	25	24	49	1	4	18	19	44	31	309	493	877	343	503	33.8	32.0	32.7	7.3	4.8	5.8		
36	53	58	111	2	3	24	30	47	47	437	630	1,161	476	659	27.6	36.7	32.7	11.1	8.8	9.8		
37	13	20	33	—	4	10	14	16	27	99	188	330	117	216	52.6	41.0	44.8	11.1	9.3	9.9		

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	NUMBER OF PATIENTS, 1st JANUARY, 1928.					ADMISSIONS DURING THE YEAR 1928.												DISCHARGES DURING THE YEAR 1928.									
	PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Total Number.			Of the Total Number.								Total Number.			Of the Total Number.							
									Private (including Criminal Patients.)		Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers.					Private (including Criminal Patients).		Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered	
	M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.		
Wilts	42	17	458	629	1,146	99	106	205	—	—	18	18	5	8	—	—	41	50	91	2	2	22	31	—	2	1	
Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.: Powick	42	11	419	584	1,056	73	59	132	—	1	10	11	27	7	—	—	19	38	57	3	5	8	24	1	2	2	
Barnsley Hall	63	85	259	307	714	58	70	128	5	22	9	12	5	3	1	1	24	50	74	7	16	11	24	4	7	3	
Yorks, North Riding	24	24	316	457	821	66	98	164	3	5	10	14	4	26	2	1	24	34	58	2	5	18	24	1	3	4	
Yorks, West Riding, and (except for Scalebor Park) all its associated County Boroughs:																											
Wakefield	122	—	1,014	1,187	2,323	223	246	469	3	—	23	40	12	39	2	—	77	171	248	6	1	35	70	2	1	5	
Wadsley	66	3	780	1,000	1,849	244	257	501	3	—	42	66	14	6	2	—	124	142	266	3	—	82	83	2	—	6	
Menston	143	43	703	858	1,747	219	201	420	7	9	42	50	6	7	3	4	97	92	189	7	4	68	50	4	1	7	
Scalebor Park	95	137	—	—	232	35	47	82	35	47	4	6	5	2	5	2	23	40	63	23	40	13	22	13	22	8	
Storches Hall	56	14	728	889	1,687	143	178	321	—	4	17	22	17	16	—	4	40	99	139	6	3	27	34	4	—	9	
Do. (Min. of Pensions Wing)	280	—	—	—	280	12	—	12	12	—	—	—	12	—	12	—	22	—	22	22	—	1	—	1	—	10	
Yorks, East Riding	18	21	227	281	547	75	59	134	3	6	10	11	31	9	1	1	20	22	42	3	3	12	19	1	3	11	
COUNTY-BOROUGH MENTAL HOSPITALS (inc. City of London).																											
Birmingham: Winson Green ...	67	12	307	377	763	114	94	208	4	1	14	15	19	4	2	—	86	70	156	4	1	41	42	4	—	12	
Rubery Hill	69	5	563	858	1,495	169	198	367	8	13	30	45	19	12	—	2	119	119	238	6	4	58	84	2	1	13	
Brighton	43	41	276	487	847	116	148	264	8	6	15	28	29	15	2	1	52	85	137	9	24	35	44	5	5	14	
Bristol	52	21	396	555	1,024	98	148	246	2	3	10	17	4	6	1	1	43	131	174	5	9	24	39	2	2	15	
Canterbury	17	23	64	107	211	44	14	58	1	—	3	—	35	3	—	—	3	2	5	1	2	1	1	1	1	16	
Cardiff	35	5	256	362	658	83	96	179	—	—	18	25	4	6	—	—	48	55	103	4	2	29	33	1	—	17	
Croydon	34	70	176	355	635	51	96	147	3	13	16	34	5	10	—	4	23	48	71	3	11	19	36	2	7	18	
Derby	22	25	180	252	479	39	66	105	2	18	10	13	5	5	1	1	20	27	47	2	8	12	14	1	4	19	
Exeter	37	49	122	139	347	25	35	60	6	7	4	8	7	1	3	—	9	22	31	4	7	5	16	3	5	20	
Gateshead	23	2	157	171	353	25	47	72	1	—	4	2	3	21	—	—	15	16	31	3	—	10	13	1	—	21	
Hull	45	12	308	369	734	96	86	182	1	—	25	23	5	3	—	—	35	46	81	1	—	22	26	1	—	22	
Ipswich	29	21	110	161	321	20	29	49	2	6	3	5	1	5	1	2	9	12	21	1	4	7	5	—	1	23	
Leicester	46	23	329	537	935	69	105	174	3	16	26	34	13	10	3	2	39	63	102	4	10	27	54	3	8	24	
London (City of)	129	219	134	112	594	44	57	101	16	40	11	19	10	20	8	19	40	51	91	11	23	11	13	3	8	25	
Middlesbrough	41	8	190	220	459	61	34	95	1	—	9	5	6	2	1	—	28	25	53	2	—	21	19	2	—	26	
Newcastle-upon-Tyne	61	13	452	432	958	86	79	165	—	—	15	15	5	4	—	—	24	47	71	2	—	18	36	2	—	27	
Newport	21	16	162	190	389	45	53	98	6	8	7	17	4	2	2	—	20	34	54	2	8	15	18	1	5	28	
Norwich	32	5	173	317	527	49	51	100	3	—	16	11	1	1	—	—	20	47	67	4	3	10	27	2	—	29	
Nottingham	51	23	369	486	929	95	104	199	1	2	22	28	5	3	—	—	43	53	96	6	4	32	40	2	3	30	
Plymouth	52	27	171	272	522	50	46	96	2	4	9	10	2	5	—	2	41	25	66	7	5	15	19	5	3	31	
Portsmouth	102	104	266	446	918	107	127	234	18	38	7	13	7	11	1	6	54	48	102	32	19	16	32	6	13	32	
Sunderland	31	10	212	203	456	38	54	92	1	1	4	16	1	7	—	1	15	18	33	2	—	12	16	2	—	33	
West Ham	52	1	429	533	1,015	95	117	212	1	1	9	26	26	8	—	—	45	63	108	2	—	36	44	1	—	34	
York	18	13	141	197	369	13	26	39	2	1	2	14	2	1	2	—	11	18	29	1	1	9	15	—	—	35	
TOTAL	6,688	2,885	43,338	59,814	112,725	10,408	12,931	23,339	369	542	1,683	2,650	1,114	1,423	116	115	5,033	7,067	12,100	509	553	2,625	3,782	213	235	£6	

(a) In addition to these numbers, 876 patients (446 males and 430 females) were transferred while resident during 1928 from the Rate-aided to the Private Class.

(b) In addition to these numbers, 28 patients (13 males and 15 females) were re-admitted on fresh Reception Orders rendered necessary by previous Order having expired under Section 38 (1) of the Lunacy Act, 1890.

(c) In addition to these numbers, 163 patients (48 males and 115 females) were transferred while resident during 1928 from the Private to the Rate-aided Class; and 62 Criminal (Private) Patients (54 males and 8 females) were retained in the Institution as Rate-aided patients on their ceasing to be "Criminals" during the same year.

(d) 4,799 of these patients were paid for by the Ministry of Pensions and classed as "Service" patients; and 455 were paid for by the Board of Control and classed as "Ex-Service" patients.

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued.

DEATHS DURING THE YEAR 1928.			NUMBER OF PATIENTS REMAINING, 1st JANUARY 1929.									Average Number Resident during 1928.		RECOVERY RATES.			DEATH RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	
Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.			Proportion [per Cent.] of Recoveries during the Year 1928, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1928.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1928.				
			Private (including Criminal Patients).	Number of Post-mortem Examinations made.																	
M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	Total.	M.	F.	Total.		
1	49	47	96	3	1	42	36	39	18	470	637	1,164	509	659	23.4	31.6	27.6	9.6	7.1	8.2	Wilts.
2	26	24	50	3	1	16	18	40	6	449	586	1,081	471	594	17.4	46.2	32.7	5.5	4.0	4.7	Worcester C., and (for Powick)
3	22	22	44	3	2	20	18	57	86	277	304	724	330	400	20.8	35.8	29.2	6.7	5.5	6.0	Dudley C.B., and Worcester C.B. :
4	33	36	69	1	—	27	24	27	28	322	481	858	344	490	29.0	33.3	31.3	9.6	7.3	8.3	Powick.
5	120	74	194	5	—	109	63	123	—	1,039	1,188	2,350	1,149	1,206	16.6	33.8	25.1	10.4	6.1	8.2	Barnsley Hall.
6	81	97	178	4	1	78	89	69	3	816	1,018	1,906	875	1,023	35.7	33.1	34.3	9.3	9.5	9.4	Yorks, North Riding.
7	77	71	148	5	3	62	44	138	45	753	894	1,830	880	912	31.9	25.8	29.0	8.8	7.8	8.3	Yorks, West Riding, and (except
8	12	6	18	12	6	—	1	95	138	—	—	233	97	135	43.3	48.9	46.7	12.4	4.4	7.8	for Scalebor Park) all its associated
9	79	78	157	3	2	73	68	55	20	753	884	1,712	791	927	21.4	21.1	21.3	10.0	8.4	9.1	County Boroughs :
10	3	—	3	3	—	1	—	267	—	—	—	267	272	—	—	—	—	1.1	—	1.1	Wakefield.
11	23	25	48	1	2	19	19	19	20	258	294	591	254	306	27.3	38.0	33.0	9.1	8.2	8.6	Wadsley.
12	24	34	58	2	—	23	32	66	12	312	367	757	372	382	43.2	47.2	45.1	6.5	8.9	7.7	Menston.
13	43	55	98	1	—	38	20	71	14	568	873	1,526	649	873	38.7	45.2	42.3	6.6	6.3	6.4	Scalebor Park.
14	37	42	79	7	2	30	39	49	44	297	505	895	327	536	40.2	33.1	35.9	11.3	7.8	9.2	Storthes Hall.
15	54	47	101	4	2	51	42	49	19	400	527	995	447	583	25.5	27.5	26.7	12.1	8.1	9.8	Do. (Min. of Pensions Wing).
16	9	8	17	3	1	7	7	14	22	99	112	247	110	132	11.1	9.1	10.0	8.2	6.1	7.0	Yorks, East Riding.
17	40	26	66	1	—	31	23	34	5	252	377	668	287	373	36.7	36.7	36.7	13.9	6.8	10.0	
18	22	23	45	1	6	21	21	34	73	182	377	666	211	440	41.3	42.4	42.0	10.4	5.2	6.9	
19	21	20	41	1	5	19	15	21	29	179	267	496	198	287	35.3	23.0	27.4	10.6	7.0	8.5	
20	8	18	26	—	9	5	10	40	39	127	144	350	163	180	27.8	47.1	40.4	4.9	10.0	7.6	
21	18	15	33	1	—	8	7	21	2	151	187	361	177	183	45.5	50.0	47.9	10.2	8.2	9.2	
22	44	23	67	4	—	30	20	43	12	327	386	768	353	397	24.2	31.3	27.6	12.5	5.8	8.9	
23	5	13	18	—	1	1	1	30	23	115	163	331	143	183	36.8	20.8	27.9	3.5	7.1	5.5	
24	22	29	51	—	3	21	26	46	28	337	545	956	380	567	48.2	56.8	53.6	5.8	5.1	5.4	
25	10	9	19	7	8	3	4	121	219	136	109	585	261	331	32.4	35.1	33.8	3.8	2.7	3.2	
26	14	14	28	1	—	11	12	40	8	210	215	473	244	225	38.2	59.4	46.0	5.7	6.2	6.0	
27	51	40	91	4	—	22	23	57	13	467	424	961	515	439	22.2	48.0	34.6	9.9	9.1	9.5	
28	21	14	35	1	—	1	2	25	17	162	194	398	184	205	37.5	35.3	36.3	11.4	6.8	9.0	
29	13	25	38	1	—	10	20	33	4	188	297	522	212	311	20.8	55.1	38.1	6.1	8.0	7.3	
30	46	32	78	4	2	32	24	47	20	379	508	954	421	513	35.6	39.6	37.7	10.9	6.2	8.4	
31	17	10	27	2	1	11	5	50	27	165	283	525	218	308	31.3	46.3	38.2	7.8	3.2	5.1	
32	29	34	63	11	4	10	7	105	119	287	476	987	379	565	16.0	27.6	22.2	7.7	6.0	6.7	
33	15	17	32	—	—	14	14	32	11	219	221	483	244	216	32.4	34.0	33.3	6.1	7.9	7.0	
34	41	26	67	2	—	27	17	50	2	440	560	1,052	485	541	52.2	40.4	44.9	8.5	4.8	6.5	
35	8	11	19	—	—	7	11	19	13	134	194	360	157	209	81.8	60.0	66.7	5.1	5.3	5.2	
36	4,175	4,099	8,274	295	190	2,828	2,570	6,597 (d)	2,991	44,629	61,473	115,690	50,511	63,476	28.3	32.9	30.8	8.3	6.5	7.3	TOTAL.

(The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.)

C. = County.
C.B. = County Borough.
B. = Borough of Schedule IV. of Lunacy Act, 1890.

TABLE I.—continued—REGISTERED HOSPITALS.

COUNTY.	REGISTERED HOSPITALS, NAVAL AND MILITARY HOSPITALS, AND CRIMINAL ASYLUM.	NUMBER OF PATIENTS, 1st JANUARY, 1928.				ADMISSIONS DURING THE YEAR 1928.												DISCHARGES DURING THE YEAR 1928.								
		PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Insane.	Of the Total Number.												Of the Total Number.							
							Total Number.	Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).		Total Number	Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered Private (including Criminal Patients).						
M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.			
REGISTERED	HOSPITALS :																									
Bucks ...	St. Luke's Hospital, Gerrard's Cross ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Chester ...	Manchester Royal Hospital, Cheadle ...	91	186	-	-	277	39	54	93	39	54	5	6	2	4	2	4	32	42	74	32	42	14	22	14	22
Devon ...	Wonford House, Exeter ...	49	74	-	-	123	7	12	19	7	12	2	-	-	1	-	1	7	8	15	7	8	-	3	-	3
Gloucester ...	Barnwood House, Gloucester ...	54	78	-	-	132	19	22	41	19	22	6	2	1	3	1	3	13	16	29	13	16	8	5	8	5
Lincoln ...	The Lawn, Lincoln ...	16	44	-	-	60	7	9	16	7	9	3	-	-	1	-	1	10	12	22	10	12	1	9	1	9
London ...	Bethlem Royal Hospital, Lambeth Road, S.E. 1	37	61	-	-	98	35	51	86	35	51	4	9	5	10	5	10	23	49	77	28	49	13	14	13	14
Norfolk ...	Bethel Hospital, Norwich ...	16	46	-	-	62	4	18	22	4	18	1	2	-	3	-	3	1	7	8	1	7	-	5	-	5
Northampton ...	St. Andrew's Hospital, Northampton ...	197	252	-	-	449	34	53	87	34	53	3	8	9	13	9	13	18	38	56	18	38	8	26	8	26
Notts ...	The Coppice, Nottingham ...	39	40	-	-	79	11	20	31	11	20	2	2	3	1	3	1	7	10	17	7	10	4	5	4	5
Oxford ...	The Warneford, Headington Hill, Oxford ...	39	46	-	-	85	8	16	24	8	16	2	2	1	2	1	2	2	12	14	2	12	2	3	2	3
Stafford ...	Coton Hill Hospital, Stafford ...	40	89	-	-	129	12	13	25	12	13	-	3	2	-	2	-	6	16	22	6	16	2	9	2	9
Surrey ...	Holloway Sanatorium, St. Ann's Heath, Virginia Water.	137	201	-	-	338	24	41	65	24	41	3	9	6	10	6	10	11	28	39	11	28	2	12	2	12
York City (N.R.)	Bootham Park, York ...	41	41	-	-	82	4	10	14	4	10	2	5	-	-	-	-	3	7	10	3	7	2	3	2	3
„ (E.R.)	The Retreat, York ...	55	106	-	-	161	9	30	39	9	30	3	6	1	5	1	5	4	18	22	4	18	2	5	2	5
TOTAL (Registered Hospitals) ...		811	1,264	-	-	2,075	213	349	562	213	349	(a)		30	53	30	53	142	263	405	142	263	58	121	58	121
NAVAL AND MILITARY HOSPITALS :																										
Hants ...	Royal Military Hospital, Netley, Southampton	49	-	-	-	49	204	-	204	204	-	-	-	-	-	-	-	210	-	210	210	-	71	-	71	-
Norfolk ...	Royal Naval Hospital, Great Yarmouth ...	125	-	-	-	125	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	-
TOTAL (Naval and Military Hospitals) ...		174	-	-	-	174	204	-	204	204	-	-	-	-	-	-	-	211	-	211	211	-	71	-	71	-
CRIMINAL ASYLUM :																										
Berks ...	State Criminal Asylum, Broadmoor, Crow- thorne, Berks....	618	197	2	-	817	53	17	70	53	17	5	3	4	-	4	-	26	7	33	26	7	10	6	10	6

(a) In addition to these numbers, 4 Patients (one Male and 3 Females) were re-admitted on fresh Reception Orders rendered necessary by previous Order having expired under Section 38 (1) of the Lunacy Act, 1890.

NAVAL AND MILITARY HOSPITALS, AND STATE CRIMINAL ASYLUM.

	DEATHS DURING THE YEAR 1928.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1929.					Average Number Resident during 1928.	RECOVERY RATES.			DEATH RATES.			Registered Hospitals, Naval and Military Hospitals, and Criminal Asylum.	
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.		Proportion [per Cent.] of Recoveries during the Year 1928, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1928.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1928.				
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	Total.	M.	F.	Total.			
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	St. Luke's Hospital, Gerrard's Cross.	
2	10	18	28	10	18	1	—	88	180	—	—	263	86	179	38.9	44.0	41.9	11.6	10.1	10.6	Manchester Royal Hospital, Cheadle.
3	1	6	7	1	6	—	—	43	72	—	—	120	48	73	—	27.3	16.7	2.1	8.2	5.8	Wonford House.
4	5	6	11	5	6	1	1	55	78	—	—	133	58	81	44.4	26.3	35.1	8.6	7.4	7.9	Barnwood House.
5	2	5	7	2	5	—	—	11	36	—	—	47	15	42	14.3	112.5	66.7	12.9	12.0	12.3	The Lawn.
6	12	9	21	12	9	8	5	32	54	—	—	86	37	53	43.3	35.0	38.6	32.4	17.0	23.3	Bethlem Royal Hospital.
7	4	6	10	4	6	—	—	15	51	—	—	66	16	48	—	33.3	26.3	25.3	12.3	15.5	Bethel Hospital, Norwich.
8	12	16	28	12	16	1	2	201	251	—	—	452	197	243	32.0	68.4	54.0	6.1	6.6	6.4	St. Andrew's Hospital.
9	5	7	12	5	7	—	1	38	43	—	—	81	38	45	50.0	26.8	33.3	13.2	15.5	14.5	The Coppice.
10	7	5	12	7	5	3	2	38	45	—	—	83	39	44	28.6	21.4	23.8	17.9	11.4	14.5	The Warneford.
11	7	8	15	7	8	—	1	39	78	—	—	117	40	85	20.0	69.2	47.8	17.5	9.4	12.0	Coton Hill Hospital.
12	17	10	27	17	10	3	1	133	204	—	—	337	128	205	11.1	38.7	28.6	13.3	4.9	8.1	Holloway Sanatorium.
13	1	4	5	1	4	—	—	41	40	—	—	81	41	41	50.0	33.3	35.7	2.4	9.8	6.1	Bootham Park, York.
14	4	11	15	4	11	1	1	56	107	—	—	163	54	108	25.0	20.0	21.2	7.5	10.2	9.3	The Retreat, York.
15	87	111	198	87	111	18	14	795	1,239	—	—	2,034	797	1,247	31.9	41.3	37.7	10.9	8.9	9.7	TOTAL (Registered Hospitals).
16	—	—	—	—	—	—	—	43	—	—	—	43	38	—	34.8	—	34.8	—	—	—	Royal Military Hospital.
17	4	—	4	4	—	3	—	120	—	—	—	120	123	—	—	—	—	3.3	—	3.3	Royal Naval Hospital.
18	4	—	4	4	—	3	—	163	—	—	—	163	161	—	34.8	—	34.8	2.5	—	2.5	
19	18	5	23	18	5	12	2	627	202	2	—	831	614	199	20.4	35.3	24.2	2.9	2.5	2.8	Criminal Lunatic Asylum, Broadmoor.

TABLE I.—continued—METROPOLITAN LICENSED HOUSES.

HOUSES.			NUMBER OF PATIENTS, 1st JANUARY, 1928.				ADMISSIONS DURING THE YEAR 1928.										DISCHARGES DURING THE YEAR 1928.								DEATHS DURING THE YEAR 1928.								NUMBER OF PATIENTS REMAINING, 1st JAN. 1929.								Average Number Resident during 1928.											
			PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Insane.	Of the Total Number.										Of the Total Number.								Of the Total Number.								PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Insane.														
								Total Number.		Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institu- tions for the Insane.		Of the Number of Transfers.		Private (including Criminal Patients).		Total Number.		Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered.		Private (including Criminal Patients).		Total Number.		Private (including Criminal Patients).		Number of Post- mortem Examina- tions made.																		
			M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				M.	F.							
Camberwell ...	Camberwell House ...	107	192	-	-	299	47	119	166	47	119	13	37	8	9	8	9	21	87	108	21	87	1	19	1	19	16	35	51	16	35	3	6	117	189	-	-	306	113	192												
Chiswick ...	Chiswick House ...	11	19	-	-	30	-	9	9	-	9	-	1	-	-	-	-	1	6	7	1	6	-	3	-	3	-	3	3	-	3	-	-	10	19	-	-	29	11	19												
Clapton, Upper ...	Brooke House ...	18	43	-	-	61	8	21	29	8	21	-	3	-	2	-	2	6	15	21	6	15	1	3	1	3	2	6	8	2	6	-	-	18	43	-	-	61	18	42												
Finsbury Park ...	Northumberland House	20	46	-	-	66	22	32	54	22	32	5	7	2	3	2	3	13	24	37	13	24	4	8	4	8	3	7	10	3	7	-	1	26	47	-	-	73	24	44												
Hayes, Middlesex	Hayes Park ...	-	16	-	-	16	-	5	5	-	5	-	-	-	1	-	1	-	2	2	-	2	-	-	-	-	-	2	2	-	2	-	-	-	17	-	-	17	-	17												
Hillingdon, Ux- bridge.	Moorcroft House (and Laurel Lodge).	33	5	-	-	38	13	2	15	13	2	1	-	1	-	1	-	7	-	7	7	-	2	-	2	-	6	-	6	6	-	1	-	33	7	-	-	40	34	6												
Isleworth ...	Wyke House ...	8	15	-	-	23	3	4	7	3	4	-	-	1	2	1	2	1	2	3	1	2	1	1	1	1	1	1	2	1	1	-	-	9	16	-	-	25	9	15												
Peckham ...	Peckham House ...	78	198	8	4	288	47	122	169	28	68	11	26	3	11	3	10	31	63	94	20	44	10	28	5	17	15	26	41	14	16	2	10	72	207	15	28	322	86	224												
Roehampton ...	The Priory ...	39	44	-	-	83	7	14	21	7	14	3	5	-	1	-	1	3	9	12	3	9	1	4	1	4	5	1	6	5	1	1	-	-	38	48	-	-	86	38	45											
Upper Halliford, Shepperton	Halliford House ...	10	14	-	-	24	3	1	4	3	1	1	-	2	1	2	1	1	1	2	1	1	-	-	-	-	-	-	-	-	-	-	-	12	14	-	-	26	11	14												
Tooting Bec Common	Newlands House ...	9	6	-	-	15	4	8	12	4	8	-	-	-	2	-	2	2	5	7	2	5	-	1	-	1	2	-	2	2	-	-	-	9	9	-	-	18	10	6												
South End, Catford	Flower House ...	23	-	-	-	23	6	-	6	6	-	-	-	1	-	1	-	8	-	8	8	-	5	-	5	-	-	-	-	-	-	-	-	21	-	-	-	21	23	-												
Clapham Park ...	Clarence Lodge ...	-	10	-	-	10	-	5	5	-	5	-	-	-	4	-	4	-	6	6	-	6	-	2	-	2	-	-	-	-	-	-	-	-	9	-	-	9	-	11												
Hayes, Middlesex	Mead House ...	-	12	-	-	12	-	5	5	-	5	-	2	-	2	-	2	-	4	4	-	4	-	2	-	2	-	-	-	-	-	-	-	-	13	-	-	13	-	13												
„ „	Wood End House ...	-	13	-	-	13	-	6	6	-	6	-	3	-	-	-	-	-	4	4	-	4	-	3	-	3	-	2	2	-	2	-	-	-	13	-	-	13	-	13												
Hendon ...	Hendon Grove ...	-	7	-	-	7	-	12	12	-	12	-	1	-	1	-	1	-	12	12	-	12	-	3	-	3	-	-	-	-	-	-	-	7	-	-	7	-	9													
Southall ...	Featherstone Hall ...	-	10	-	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	9	-	-	9	-	10													
Streatham Hill ...	Fenstanton ...	-	27	-	-	27	-	9	9	-	9	-	2	-	3	-	3	-	10	10	-	10	-	5	-	5	-	2	2	-	2	-	-	-	24	-	-	24	-	25												
Sydenham ...	Otto House ...	-	14	-	-	14	-	3	3	-	3	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	16	-	-	16	-	15													
TOTAL ...			356	691	8	4	1,059	160	377	537	141	323 (a)	34	87	18	42	18	41	94	251	345	83	232	25	82	20	71	50	86	136	49	76	7	17	365	707	15	28	1,115	377	720											

(a) In addition, one female patient was transferred, while resident during 1928, from the Rate-aided to the Private Class.

(b) In addition to these numbers, 5 patients (2 males and 3 females) were readmitted on fresh Reception Orders rendered necessary by previous Order having expired under Section 38 (1) of the Lunacy Act, 1890.

TABLE I.—continued—PROVINCIAL LICENSED HOUSES.

COUNTY.	HOUSES.	NUMBER OF PATIENTS, 1st JANUARY 1928.					ADMISSIONS DURING THE YEAR 1928.										DISCHARGES DURING THE YEAR 1928.										DEATHS DURING THE YEAR 1928.						NUMBER OF PATIENTS REMAINING, 1st JANUARY 1929.						Average Number Resident during 1928.									
		PRIVATE (including all Criminal Patients).	RATE- AIDED.	Total Number of Insane.	Total Number	Of the Total Number.								Total Number.	Of the Total Number.						Total Number.	Of the Total Number.				PRI- VATE (in- cluding all Criminal Patients).	RATE- AIDED.	Total Num- ber of In- sane.																				
						Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institu- tions for the Insane.	Of the Number of Transfers.	Private (including Criminal Patients).	Discharged Recovered.	Of the Number Discharged Recovered.	Private (in- cluding Criminal Patients).		Private (in- cluding Criminal Patients).	Number of Post- mortem Exami- nations made.																																
																	M.	F.	M.	F.		M.	F.	M.	F.				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	M.	F.
Beds (Bedford Borough).	Bishopstone House, Bedford	—	7	—	—	7	—	4	4	—	4	—	—	—	1	—	1	—	3	3	—	3	—	1	—	1	—	—	—	—	—	—	8	—	—	8	—	8										
Beds	Springfield House, Bedford	16	24	—	—	40	5	5	10	5	5	1	2	—	1	—	1	3	5	8	3	5	1	1	1	1	2	2	4	2	2	—	—	16	22	—	—	38	16	23								
Derby	Wye House, Buxton	8	9	—	—	17	3	5	8	3	5	—	1	—	1	—	1	2	4	6	2	4	1	2	1	2	—	1	1	—	1	—	—	9	9	—	—	18	9	9								
Devon	Court Hall, Kenton, Exeter	—	8	—	—	8	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	7	—	—	7	—	8											
„	Plympton House, Plympton	3	16	—	—	19	3	2	5	3	2	1	—	1	1	1	1	—	4	4	—	4	—	1	—	1	—	3	3	—	3	—	—	6	11	—	—	17	4	12								
Durham	Middleton Hall, Middleton St. George	8	23	—	—	31	9	18	27	9	18	—	1	—	—	—	—	3	8	11	3	8	1	2	1	2	2	4	6	2	4	—	—	12	29	—	—	41	8	27								
Essex	Littleton Hall, Shenfield, Brentwood	—	18	—	—	18	—	7	7	—	7	—	—	—	1	—	1	—	5	5	—	5	—	1	—	1	—	2	2	—	2	—	—	—	18	—	—	18	—	17								
Gloucester	Northwoods, Winterbourne, Bristol ...	10	13	—	—	23	8	5	13	8	5	—	—	2	1	2	1	7	4	11	7	4	5	1	5	1	—	3	3	—	3	—	—	11	11	—	—	22	10	11								
„	The Retreat, Fairford	16	31	—	—	47	1	3	4	1	3	—	—	—	1	—	1	1	3	4	1	3	—	1	—	1	1	3	4	1	3	—	—	15	28	—	—	43	16	29								
Kent	Malling Place, West Malling, Maidstone	2	30	—	—	32	2	7	9	2	7	—	3	—	2	—	2	1	5	6	1	5	—	—	—	—	—	1	1	—	1	—	—	3	31	—	—	34	2	32								
Lancaster	Haydock Lodge, Newton-le-Willows ...	49	63	—	—	112	33	31	64	33	31	2	3	2	3	2	3	17	18	35	17	18	4	7	4	7	7	12	19	7	12	—	—	58	64	—	—	122	55	63								
„ (Liver- pool City).	Tue Brook Villa, Green Lane, Liver- pool.	22	18	—	—	40	14	11	25	14	11	—	2	1	1	1	1	8	13	21	8	13	3	5	3	5	2	3	5	2	3	—	—	26	13	—	—	39	23	16								
Lancaster	Shaftesbury House, Formby, near Liverpool.	7	26	—	—	33	3	10	13	3	10	1	4	—	1	—	1	3	13	16	3	13	1	5	1	5	—	—	—	—	—	—	7	23	—	—	30	7	23									
Norfolk (Nor- wich City).	Heigham Hall, Norwich	12	41	—	—	53	2	10	12	2	10	1	3	—	2	—	2	—	4	4	—	4	—	3	—	3	—	6	6	—	6	—	—	14	41	—	—	55	13	39								
„	The Grove, Catton Grove Road, Norwich	—	15	—	—	15	—	3	3	—	3	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	17	—	—	17	—	16									
Salop	Stretton House, Church Stretton, Salop	21	—	—	—	21	8	—	8	8	—	—	—	1	—	1	—	2	—	2	2	—	—	—	—	—	3	—	3	3	—	—	—	—	24	—	—	24	22	—								
„	Grove House, All Stretton, Salop ...	—	26	—	—	26	—	5	5	—	5	—	1	—	1	—	1	—	1	1	—	1	—	1	—	1	—	2	2	—	2	—	—	—	28	—	—	28	—	26								
„	Boreatton Park, Baschurch, near Shrewsbury.	3	5	—	—	8	4	—	4	4	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	1	—	1	1	—	—	—	5	5	—	—	10	3	5								
Somerset	Brislington House, Bristol	26	34	—	—	60	10	15	25	10	15	—	2	5	3	5	3	6	9	15	6	9	3	4	3	4	—	4	4	—	4	—	1	30	36	—	—	66	27	36								
„	Bailbrook House, Bath Easton, Bath ...	2	27	—	—	29	—	9	9	—	9	—	2	—	—	—	—	—	11	11	—	11	—	8	—	8	—	—	—	—	—	—	—	2	25	—	—	27	2	26								
Stafford	Ashwood House, Kingswinford, Dudley	9	19	—	—	28	1	3	4	1	3	—	—	—	—	—	—	1	5	6	1	5	—	1	—	1	1	—	1	1	—	—	—	8	17	—	—	25	8	17								
„	The Moat House, Tamworth	—	7	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	1	—	1	—	1	1	—	1	—	—	—	5	—	—	5	—	6								
Surrey	The Silver Birches, Church St., Epsom	—	10	—	—	10	—	2	2	—	2	—	—	—	—	—	—	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	10	—	—	10	—	10								
Sussex	Ticehurst House, Ticehurst	39	44	—	—	83	4	11	15	4	11	—	1	1	2	1	2	1	11	12	1	11	1	3	1	3	2	3	5	2	3	—	1	40	41	—	—	81	38	43								

TABLE I.—continued—PROVINCIAL LICENSED HOUSES—continued.

COUNTY.	HOUSES.	NUMBER OF PATIENTS, 1st JANUARY 1928.						ADMISSIONS DURING THE YEAR 1928.												DISCHARGES DURING THE YEAR 1928.								DEATHS DURING THE YEAR 1928.						NUMBER OF PATIENTS REMAINING, 1st JANUARY 1929.						Average Number Resident during 1928.		
		PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Insane.	Total Number			Of the Total Number.						Total Number.			Of the Total Number.					Total Number.			Of the Total Number.			PRI- VATE (in- cluding all Criminal Patients).		RATE- AIDED.		Total Number of Insane.								
										Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institu- tions for the Insane.					Of the Number of Transfers.		Private (including Criminal Patients).		Private (including Criminal Patients).				Private (including Criminal Patients).		Private (in- cluding Criminal Patients).						Number of Post- mortem Exami- nations made.							
		M.	F.	M.	F.		M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
Sussex	St. George's Retreat, Burgess Hill	-	66	-	-	66	-	13	13	-	13	-	-	-	1	-	4	-	4	-	8	8	-	8	-	3	-	3	-	4	4	-	4	-	-	-	67	-	-	67	-	68
„	Periteau House, Winchelsea	-	5	-	-	5	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	1	1	-	1	-	-	-	-	3	-	-	3	-	4			
„ (Hastings Borough).	Ashbrook Hall, Hollington, St. Leonards-on-Sea.	-	6	-	-	6	-	1	1	-	1	-	-	1	-	1	-	1	-	1	-	1	-	1	-	1	-	1	-	1	-	-	-	5	-	-	5	-	6			
Warwick ...	Glendossill, Henley - in - Arden, Birmingham.	8	21	-	-	29	6	16	22	6	16	-	2	1	-	1	-	3	9	12	3	9	2	4	2	4	1	3	4	1	3	-	1	10	25	-	-	35	10	24		
Wilts	Laverstock House, Salisbury	23	27	-	-	50	9	11	20	9	11	1	5	-	1	-	1	6	6	12	6	6	-	1	-	1	1	4	5	1	4	-	-	25	28	-	-	53	24	26		
„ (New Sarum City).	The Old Manor, Salisbury	264	205	-	-	469	35	42	77	35	42	6	7	8	9	8	9	24	39	63	24	39	3	10	3	10	10	11	21	10	11	-	1	265	197	-	-	462	264	196		
Wilts	Fiddington House, Market Lavington, Devizes.	7	19	-	-	26	2	2	4	2	2	-	-	-	1	-	1	1	1	2	1	1	-	1	-	1	2	-	2	2	-	-	-	6	20	-	-	26	6	19		
„	Kingsdown House, Box, Chippenham	-	28	-	-	28	-	11	11	-	11	-	2	-	2	-	2	-	5	5	-	5	-	2	-	2	-	2	2	-	2	-	-	-	32	-	-	32	-	30		
Yorks, W.R. ...	Greta Bank, Burton-in-Lonsdale, Kirkby Lonsdale.	-	8	-	-	8	-	1	1	-	1	-	-	-	1	-	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	8	-	-	8	-	8				
„ (Rother- ham Borough).	The Grange, Kimberworth, Rother- ham.	-	15	-	-	15	-	5	5	-	5	-	-	-	-	-	-	3	3	-	3	-	2	-	2	-	1	1	-	1	-	-	-	16	-	-	16	-	14			
York (York City)	The Pleasaunce, Heworth, York ...	-	8	-	-	8	1	6	7	1	6	-	-	-	-	-	1	6	7	1	6	-	4	-	4	-	-	-	-	-	-	-	8	-	-	8	-	9				
TOTAL		555	922	-	-	1,477	163	274	437	163	274	13		42		22	41	22	41	91	211	302	91	211	25	76	25	76	35	77	112	35	77	-	4	592 (b)	908	-	-	1,500	567	906
													(a)																													

(a) In addition to these numbers, 13 patients (3 males and 10 females) were re-admitted on fresh Reception Orders rendered necessary by previous Order having expired under Section 38 (1) of the Lunacy Act, 1890.
(b) 148 of these patients were paid for by the Ministry of Pensions, and classed as "Service" patients.

TABLE II—STATISTICS OF THE VOLUNTARY BOARDERS (53 VICT. c. 5, ss. 229, 231 (8) and 54 & 55 VICT. c. 65, s. 20) in REGISTERED HOSPITALS and LICENSED HOUSES during the Year 1928.

	Number of Boarders 1 January, 1928.			Number admitted during 1928.		Number who ceased to be Boarders during 1928.						Number of Boarders remaining 1 January, 1929.		
	Number of Boarders 1 January, 1928.			Number admitted during 1928.		Number who ceased to be Boarders during 1928.						Number of Boarders remaining 1 January, 1929.		
	M.	F.	Total.	M.	F.	M.	F.	Number certified as Patients and detained in the Institution.	Number (not certified as Patients) who left.	Number who died in the Institution.	M.	F.	Total.	
REGISTERED HOSPITALS:														
St. Luke's	—	1	1	—	6	—	—	—	6	—	—	—	1	1
Manchester Royal	18	22	40	70	58	54	13	(a)	42	6	20	23	43	43
Wonford House	2	9	11	5	7	3	3	—	2	—	4	10	14	14
Barnwood House	6	11	17	9	19	7	4	—	14	—	7	12	19	19
The Lawn	5	7	12	3	16	4	1	—	13	—	3	9	12	12
Bethlem Royal	52	52	104	68	82	54	15	(c)	56	4*	51	59	110	110
Bethel	12	20	32	10	6	7	4	—	4	3	14	15	29	29
St. Andrew's	23	24	47	45	51	32	4	—	33	1	31	37	68	68
The Coppice	2	3	5	4	8	2	4	—	2	—	3	5	8	8
The Warneford	5	15	20	8	20	6	2	—	21	—	3	12	15	15
Coton Hill	2	6	8	3	4	1	—	—	1	—	3	7	11	11
Holloway Sanatorium	14	11	25	22	27	13	2	—	17	5	18	19	37	37
Bootham Park	6	12	18	9	21	8	7	(c)	16	1	4	10	14	14
The Retreat	16	22	38	38	49	32	6	—	37	1	20	27	47	47
METROPOLITAN LICENSED HOUSES:														
Camberwell House	13	30	43	50	70	28	19	—	48	6	16	28	44	44
Chiswick House	2	2	4	2	2	1	2	—	2	—	3	—	3	3
Brooke House	3	3	6	15	10	9	1	—	8	1	6	3	9	9
Northumberland House	3	5	8	18	26	13	4	—	14	1	4	12	16	16
Hayes Park	—	1	1	—	4	—	1	—	2	—	—	—	2	2
Moorcroft House	1	4	5	11	—	6	—	—	1	—	4	2	6	6
Wyke House	3	2	5	3	—	—	—	—	3	—	4	2	4	4
Peckham House	8	19	27	34	34	23	6	—	24	3	11	18	29	29
The Priory	1	2	3	1	2	—	1	—	3	—	1	—	1	1
Halliford House	3	2	5	—	—	1	—	—	—	—	1	—	3	3
Newlands House	—	2	2	3	1	2	—	—	—	—	—	1	1	1
The Flower House	2	—	2	6	—	2	—	—	—	—	5	—	5	5
Clarence Lodge	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Mead House	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Woodend House	—	1	1	—	—	—	—	—	—	—	—	—	2	2
Hendon Grove	—	2	2	—	—	—	—	—	—	—	—	—	—	—
Fenstanton	—	3	3	—	—	—	—	—	—	—	—	—	—	—
Otto House	—	1	1	—	—	—	—	—	—	—	—	—	—	—

Wye House	...	...	...	...	2	2	4	9	1	—	1	1	—	1	—	1	8	—	—	—	—	—	—	—	2	2	4
Court Hall	...	...	...	...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1
Plympton House	...	...	...	...	1	2	3	3	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	1	1	1
Middleton Hall	...	...	...	...	1	2	12	9	4	—	5	—	—	—	—	—	5	—	—	—	—	—	—	4	1	1	5
Littleton Hall	...	...	...	...	—	—	—	12	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	7	6
Northwoods	...	...	...	...	1	3	11	8	—	—	2	—	—	—	—	—	8	—	—	—	—	—	—	4	2	2	4
The Retreat, Fairford	...	...	...	...	—	2	4	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	2	2	6
Malling Place	...	...	...	...	4	6	2	4	1	—	—	—	—	—	—	—	4	—	—	—	—	—	—	1	4	4	5
Haydock Lodge	...	...	...	...	20	29	31	18	9	—	—	—	—	—	—	—	23	18	—	—	—	—	—	10	10	18	18
Tue Brook Villa	...	...	...	...	3	7	3	6	—	—	—	—	—	—	—	—	3	4	—	—	—	—	—	4	4	6	6
Shaftesbury House	...	...	...	...	5	6	6	15	1	—	—	—	—	—	—	—	5	15	—	—	—	—	—	4	4	7	7
Heigham Hall	...	...	...	...	4	6	6	11	1	—	—	—	—	—	—	—	3	9	—	—	—	—	—	4	4	4	4
The Grove, Catton	...	...	...	...	6	6	—	3	3	—	—	—	—	—	—	—	—	2	—	—	—	—	—	3	4	4	4
Stretton House	...	...	...	...	—	3	17	—	1	—	—	—	—	—	—	—	13	—	—	—	—	—	—	—	—	6	6
Grove House	...	...	...	...	4	4	—	9	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	7	7	5
Boreatton Park	...	...	...	...	3	5	2	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	7	3	3	5
Brislington House	...	...	...	...	13	18	15	1	4	—	(c)	3	—	—	—	—	12	15	—	—	—	—	—	4	13	13	17
Bailbrook House	...	...	...	...	3	3	—	4	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	4	4	4	4
Ashwood House	...	...	...	...	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Moat House	...	...	...	...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ticehurst House	...	...	...	...	7	8	5	2	2	—	—	—	—	—	—	—	4	—	—	—	—	—	—	1	3	3	1
St. George's Retreat	...	...	...	...	7	7	—	8	2	—	—	—	—	—	—	—	3	6	—	—	—	—	—	2	6	6	6
Ashbrook Hall	...	...	...	...	—	7	—	2	4	—	(b)	2	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Glendossill	...	...	...	...	1	—	5	4	2	—	(c)	2	—	—	—	—	3	1	—	—	—	—	—	1	1	2	2
Laverstock House	...	...	...	...	6	10	9	13	4	—	—	—	—	—	—	—	8	—	—	—	—	—	—	5	5	11	11
The Old Manor	...	...	...	...	16	42	46	62	7	—	15	—	—	—	—	—	32	28	—	—	—	—	—	6	37	37	57
Fiddington House	...	...	...	...	1	2	—	2	5	—	2	—	—	—	—	—	1	1	—	—	—	—	—	2	2	2	3
Kingsdown House	...	...	...	...	—	2	—	5	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	3	3	3	3
Greta Bank	...	...	...	...	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1
The Grange	...	...	...	...	—	5	—	6	—	—	2	—	—	—	—	—	7	—	—	—	—	—	—	—	—	—	2
The Pleasaunce	...	...	...	...	1	2	3	5	1	—	(c)	2	—	—	—	—	4	4	—	—	—	—	—	1	2	2	1
SUMMARY :																											
Registered Hospitals	...	...	...	...	163	215	294	374	(d)	65	223	264	28	14	182	246	428										
Metropolitan Licensed Houses	...	...	...	...	39	79	143	169	(b)	40	85	118	12	14	55	76	131										
Provincial Licensed Houses	...	...	...	...	57	133	190	255	(c)	53	123	178	10	20	71	137	208										
Total	...	...	...	...	259	427	627	798	(d)	97	431	560	50	48	308	459	767+										

Of these, certified and sent to other Institutions: (a) 3; (b) 2; (c) 1; (d) 5; (e) 11.

* One Suicide.

† In addition there were resident on this date 169 voluntary patients (64 males and 105 females) in the London County Maudsley Hospital; and 70 (38 males and 32 females) in the City of London Mental Hospital.

APPENDIX C.

ENTRIES BY COMMISSIONERS AT COUNTY AND BOROUGH MENTAL HOSPITALS.

Beds, Herts and Hunts (Three Counties) Mental Hospital.

November 27th, 1928.

That the patients in this hospital are kindly and considerately treated, that much is done to ameliorate the conditions of their enforced detention and to make their somewhat uneventful and monotonous lives as happy as circumstances allow, we are entirely satisfied, not only from our personal observation, but from the numerous voluntary expressions of gratitude which we heard in the course of our visit.

The wards are well kept and duly supplied with books and papers, and we thought that a very general air of contentment prevailed throughout the institution.

The new, recoverable and convalescent cases are as well dealt with as the prevailing conditions permit, but this is a hospital with a long history behind it, and it was built at a period when regard was not so fully given to the separation of these cases from the chronic and more degraded patients. At some time consideration will have to be given to the erection of admission and convalescent villas, and until this improvement in the hospital's amenities is carried out it will be impossible to treat these cases on lines which are in accordance with the present and more enlightened views. There is, according to the returns, only an excess of day accommodation for 3 males and 8 women, so that at no distant date this question will have to be seriously considered, when no doubt the erection of an admission hospital and its accessories will receive due and careful consideration.

The installation of a refrigerating plant has been completed since the last visit, the church has been redecorated, a new bakery has been equipped and brought into use, and some general painting and redecorations have been effected in the wards and dormitories.

We understand that the electrical radiators are giving satisfaction.

Some attention has evidently been given to the women's dresses, which was apparent in the wards where the better class of patients reside, but we thought there was room for further improvement amongst the less favoured patients, and are glad to know that the Committee are taking this question in hand and that it will be dealt with when the existing contracts for clothing—including boots—run out.

We think that in the women's bathrooms of the wards, screens—for greater privacy—should be brought into use, and that instructions should be given to the staff to see that the patients wash their hands before meals.

We are informed that it is proposed to provide a mincing machine in the kitchen, and we would at the same time suggest that the provision, in the laundry, of a steam press for treating the men's clothing would be found most useful.

Since December 29th of last year there have been 249 admissions, 69 patients have been discharged—64 on recovery—and 66 have, we are glad to note, been granted trial.

The deaths number 51, and there are on the books 487 males and 574 females; 18 patients are on trial, leaving 479 males and 564 females in residence.

Parole is allowed to 31 patients beyond and to 62 within the estate.

The contracts in reference to the London and West Ham patients have been terminated.

The maintenance rate is 19s. 10d. per week for home patients, and for private patients—of whom there are 63, including 25 "Service" patients

—the charge is from 31s. 6d. to 42s. There has been no mechanical restraint.

The staff consists of:—

Charge male nurses -	-	9	Charge female nurses	-	9
Ordinary -	-	44	Ordinary -	-	53

for day, and 8 and 9 for night duty.

The male nurses registered as certificated number 19 and the female 11.

The death rate for 1927 was 9.1 per cent. for the two sexes—that for males 6.5 per cent. and for females 11.1 per cent.; this is a higher rate than in 1926, especially for the women, but we understand that it is largely due to the number of senile patients dying during the year.

With one exception all the deaths during the period under review were due to natural causes, the cause being verified by post-mortem examinations in rather more than half the cases, but they call for no special mention here.

In the excepted case the death was due to a suicidal act, the circumstances of which were investigated at an inquest and were reported to our Board at the time. No blame was attached to any member of the staff.

Unfortunately, during the early months of this year 12 patients on the male side were attacked by enteric fever, and 20 female patients and 1 man with 8 members of the female staff by scarlet fever. The enteric was with some certainty traced to a carrier—a recent admission—and there seems to be little doubt that the scarlet fever was introduced by a member of the female staff. Four males died from the enteric and 1 from the scarlet fever, but all the women and nurses made a good recovery. Since then there has been 1 isolated case of enteric on the male side.

In connection with these epidemics and in many other ways excellent work has been carried out in the laboratory by the skilled assistant acting under the directions of the medical staff, and we were interested to see a record of the work done, which amounts to some 2,000 investigations in the year.

To-day the patients appeared to be enjoying good health, and we were satisfied that the few who were sick were receiving careful treatment, but we should like to see the sick wards equipped with glass-topped hospital trolleys for surgical dressings, etc., and with small bed tables.

We noticed one or two women being nursed in bed in the large female observation dormitory off Ward 5, and we suggested that it would be better, if possible, to nurse them in a smaller dormitory, either in the sick ward or adjacent to it.

The tubercular and dysenteric block is still unused, and we considered if it could not be made to fulfil some useful purpose in connection with the nursing of the sick or of recent cases, if it is not needed for the tubercular patients, of whom there are now known to be 17 women and 13 men.

We drew Dr. Fuller's attention to certain omissions in connection with the keeping of nurses' reports and caution cards and in the prescribing of aperient medicines, and he promised to give them his attention.

Considerable and valuable use is made of the artificial sunlight treatment, and we were glad to hear there is a good prospect of an X-ray installation being obtained.

The provision of a small operating theatre would also be of the greatest advantage.

We hope serious consideration will be given to instituting the treatment of general paralysis by induced malaria, though happily there are not many patients suffering from this disease. Most mental hospitals afford this treatment, and, as far as can be judged at present, with very favourable results.

Berkshire Mental Hospital.

August 2nd, 1928.

Visiting this hospital to-day, I found the patients contented and evidently in receipt of kindly and friendly treatment, which was evidenced by the fact that from no one did I receive a complaint of any kind. The wards are well kept and, though there is some overcrowding on the women's side, as was noted at the last visit, I know that this matter has lately been receiving the active consideration of the Committee, and that plans are at present being dealt with in reference to the completion of verandah accommodation, the conversion of the isolation hospital for the nursing of some 30 patients, as well as the utilization of the Hungerford Poor Law Institution for patients who can be suitably cared for in such surroundings. This will give some relief, and I hope that at no distant date an admission hospital will find its place for the better classification and treatment of new cases.

I can say that the subjects commented on at the last visit have received attention; there are now no mattresses on the floors in single rooms except in 3 instances, beds having been provided, the single rooms in male 4 ward have been repainted, a partition has been placed in the bathroom of female 8 ward, and the whole of that ward, which is now used as an infirmary, has been very tastefully decorated.

The health of the hospital has been and is very good. There are but 3 cases of active tuberculosis—2 male, 1 female. With the exception of 2 cases of chicken-pox, there has been no epidemic or zymotic disease since the last visit.

The deaths, 36 in number, were from natural causes, and no inquests have been held.

Two of the deaths were from general paralysis, 2 from heart disease and 9 from senile decay. In 14 out of the 36 deaths post-mortem examinations were held, or in nearly 40 per cent., and I am told that, unless objection is raised by friends, examinations of this character are always performed.

The mortality rate per cent. for the year ending December 31st last was 6.9 per cent.—males 8.1 per cent. and females 6.1 per cent.

There were to-day 15 men and 45 women confined to bed; no one was acutely ill—physically—and of the 45 women nearly a half were old and senile cases. Those in bed appeared to me to be receiving proper and careful nursing.

There is a clinical room in connection with the male admission ward, but as yet Dr. Read has not found it possible to set aside a room in the women's quarters, although he fully realises and appreciates the advantages which accrue from such a provision.

I have pointed out the desirability of having inner locked doors to all the poison cupboards, and doubt not this important detail will be taken in hand without delay.

The airing court for the restless and acute female cases should be rendered more safe and orderly by having the paths asphalted, so as to avoid the danger from loose stones with patients of this type, and the only other comment I would make is that, on going through the wards, I noticed a great shortage of books and illustrated papers. I am informed that there is a good library and a sufficient supply of papers, but to-day they were not in evidence. The books should be kept on shelves or in cupboards with unlocked doors easy of access to the patients and, in the wards where the unruly, turbulent and demented cases are, I should like to see a full supply of cheaply bound illustrated papers for the use of those who will not occupy themselves with the ordinary library books and novels. There will no doubt be a wastage, but that should be looked upon as one of the necessary incidents of the cure of such patients.

Since December 21st of last year there have been 100 admissions, 20 out of the 38 patients discharged had recovered, 17 have been dealt with

under s. 79 of the Lunacy Act, and of the 4 allowed on trial, 3 received money allowances.

On the books are 327 males and 501 females—in all 828; 2 men are on trial, so that number in residence is 826.

At Wilts Mental Hospital 25 patients are boarded out and one is at West Park receiving treatment for encephalitis.

There are not many cases of general paralysis here, and treatment by induced malaria is not practised, but Dr. Read assures me that, in any suitable case, an endeavour would be made to have the patient transferred to a hospital where he could receive such treatment.

Twelve men have parole beyond the estate, and 27 men and 32 women have a more limited freedom.

The weekly maintenance rate is 16s. 4d. for home patients and for "Service" patients, of whom there are 26, the charge is 20s. 1d.

There has been no seclusion or mechanical restraint.

There have been 5 serious non-fatal casualties which call for no comment.

The staff consists of:—

Charge male nurses -	-	7	Charge female nurses	-	10
Ordinary -	-	31	Ordinary -	-	36

for day and 6 and 8 respectively for night duty.

Twelve male and 13 female nurses are certificated or registered as mental nurses.

The weekly average number of patients employed is 56 per cent., of whom 43 are engaged on the farm and gardens, 40 in the laundry, and 102 in sewing. Many women in the wards were occupied with sewing and making their own dresses, and I was glad to see that attention is given to the dresses and clothing of the women, both as to style and material.

Dr. Read, who takes a kindly, active interest in his patients, has the assistance of Dr. Sydney Holder, deputy superintendent, and Dr. Rohan.

*Brecon, Radnor and Montgomery (the Mid-Wales Counties)
Mental Hospital.*

August 20th, 1928.

I have to-day visited this hospital and am glad to be able to report that I have found it in good order and the patients in receipt of all possible nursing and medical care and kindly attention. The friendly relations between the patients and the medical superintendent and the nursing staff which I noticed on a former visit is still evident, and is a very pleasing fact to note during a visit of inspection.

Since the visit of one of my colleagues just under a year ago, 64 patients have been admitted, 2 have been transferred to other care, 20 have been discharged as recovered, 4 have been discharged on the application of friends or relatives, and 18 have died.

There are now on the statutory books the names of 216 male and 245 female patients, a total of 461. At the time of my visit one male patient was out on trial, leaving in residence 460, all of whom I believe I have seen to-day. Nine patients have been allowed out on trial to test their fitness for discharge, but I notice that a money allowance was granted in one case only. I much hope that that useful section of the Lunacy Act which permits money allowances to be granted in suitable cases will not be lost sight of and allowed to become a dead letter.

There are 25 male and 6 female private patients, 15 of the former being classified as "Service" patients and 6 as "ex-Service." There are also 25 male out county patients, all from Swansea.

Full parole is granted to 46 males and limited parole within the estate to 40 males and 10 females. Three wards on each side of the hospital and the isolation hospital ward for females are administered upon the open door principle. Calculated on the available day space there is now overcrowding to the extent of 35 on the male and 65 on the female side. This

will be to a great extent, but not entirely, met by the building of the new admission block, which it is hoped will be begun early in next year. The general scheme has already been approved by our Board, and the detailed plans are now, I understand, in course of preparation.

The weekly maintenance charge per head for home patients is 21s. and for private patients 23s. to 26s., the average weekly maintenance cost for the year as last ascertained being 20s. 11·6d.

I found the patients, most of whom were out of doors in the gardens, very contented, clean and well clothed, and I had no complaints at all of treatment, though I had the usual requests for discharge from patients not yet well enough to leave. One woman complained of the suet pudding served to-day; I had an opportunity of tasting it afterwards, and thought it extremely well cooked. Throughout my inspection there was not the slightest sign of turbulence or noise. I gave private interviews to two women and one boy, whose names I give in the patients' book; in addition I gave many interviews of a semi-private character and talked to all who showed the least inclination to speak to me.

I was interested to hear that many parole patients and some conducted parties attend evening service on Sundays at St. Ellyw's Church, Llanelieu, some mile and a half from the hospital; this privilege is much appreciated by the patients.

I found the wards and dormitories clean and well aired, and the beds and bedding satisfactory. I noticed that many of the medicine cupboards have no inside locked door for the safer custody of poisons. In the infirmary wards the poisons are under double lock, and I think it is very important that this should be so throughout the hospital. The necessity for this course has on many occasions been brought to the notice of my Board, and I shall be grateful if the Committee will consider the matter at an early date.

I was pleased to find a good wireless installation in two wards on each side of the hospital as well as in the recreation hall, farm and isolation hospital.

In the female (upper) gardens I should like to see some ashed paths finished as soon as possible; they would add much to the usefulness of the gardens and to the comfort of the patients in wet or damp weather.

The health of the patients has been very good, and of the 25 patients whom I saw in bed to-day no one was seriously ill. Many of the patients have recently been vaccinated owing to the small-pox outbreak in various parts of the district. There has been no epidemic or zymotic disease in the hospital since the last visit, and it has not been necessary to hold any inquest. Of the 18 deaths, all from natural causes, heart disease was the cause in 7 cases, Bright's disease in 2. There has been one death from tuberculosis and one male and 2 female patients are now suffering from that disorder. The mortality rate for the last year was 5·88 males, 7·69 females, and together 6·84. The cause of death was verified in 10 cases by post-mortem examination, which takes place in every case unless the relatives object.

There were four serious accidents involving fractures or dislocations of limbs; three were due to accidental slipping or falling, and one was due to the patient falling in a fit.

The hospital generally was well maintained, but there is still a lot of redecoration needing to be done, which I have no doubt will receive attention before very long. I was interested to see the new cowsheds for the dairy cows, which appear to be very complete and look extremely nice. In the laundry I saw the new collar and cuff ironing machine, which I was told was being most useful.

The nursing staff consists of 10 men and 9 women holding staff rank and 15 male and 19 women ordinary nurses, of whom 3 of each sex are detailed for night duty.

Nineteen male and 9 female nurses are certificated or registered as mental nurses and 2 men and 7 women have passed the preliminary examination.

Dr. Drummond has to assist him Dr. Ivor Evans, who, however, was away on leave to-day.

My visit to-day was a very pleasant one, and I was very satisfied with what I saw.

Bucks County Mental Hospital.

August 21st, 1928.

The changes which have taken place amongst the patients since this hospital was visited in March, 1927, 212 admissions, 109 discharges and 81 deaths, leave on the books the names of 718 patients—303 men and 415 women—and all were in residence to-day except one man and 5 women who were away on trial.

Of this number, 90—46 men and 44 women—are classed as private patients, 29 of the former being either "Service" or "ex-Service" patients, and 8—3 men and 5 women—are chargeable to out county unions.

The total accommodation of the hospital as supplied to me showed that, though there are vacancies on the male side for 36 patients by day and 22 by night, on the female side the patients are overcrowded by 55 in day space and by 45 at night. This overcrowding is increasing year by year, and it has now reached such a position that it is urgently necessary that steps should be taken by the Committee to provide further accommodation. Some dormitories are seriously overcrowded and beds have been placed in position in one of the ward galleries and in a gallery off which opens the night nurses' sleeping quarters. When considering in which way this overcrowding is to be remedied I hope the question of providing a small admission hospital will not be lost sight of. The surroundings into which new admissions are now received are, as I reported in 1925, most unsatisfactory, as they are placed in wards where epileptics and other troublesome cases needing special observation are being treated, and they must be quite unable to obtain the rest and quiet which they so much need. A hospital with full facilities for modern methods of treatment, both in and out of doors, would be of enormous advantage in the treatment of the patients. It was satisfactory to see from the figures produced that 85 patients have been allowed out on trial, and that 38 men and 18 women are given full parole outside the grounds, 45 other patients having parole inside the grounds. One ward on each side of the building is administered on the open door principle.

The maintenance charges are 20s. 5d. for home patients and from 21s. to 49s. for private patients.

On going round the wards I was again struck by the friendly, happy atmosphere that prevailed, and with the general contentment of the patients. I saw all, I believe, except one man who was absent on short leave, and gave them an opportunity of speaking to me. I received one complaint, to which reference is made in the patients' book, but this was the only complaint, and a number of patients spoke gratefully of the kindly treatment they have received.

The clothing of the patients was good, and considerable trouble must be taken, especially on the female side, in cutting and fitting the dresses and other garments.

I saw a good dinner of Irish stew, followed by mince pies, well served in the wards on hot plates.

The wards and their annexes were very well kept, and the day rooms were well provided with bound picture papers and other books. In ward male 9 I noticed that one of the w.c.'s needed repainting, and when this is done I hope it may be possible to increase the number of w.c.'s and to improve their ventilation.

Most of the gardens were well kept and presented a very pleasant appearance, but the paths in No. 6 female garden are in need of attention, and it would be an improvement if the bare patch under the large tree could be covered with asphalt or some other material of that kind. A number of comfortable garden seats are provided.

Ward 13 male has been redecorated, and ward 5 male will be similarly dealt with in the near future. The sanitary annex off the large female garden has now been made available for the patients when out of doors, and the Committee propose to supply lighting for the outside fire escapes as suggested by my colleague. Plate warmers have not yet been supplied for the wards.

A new calender has been supplied for the laundry (this needs guards), additions have been made to the hot water and heating apparatus, and 6 cottages for married staff have been completed.

It is again very satisfactory to be able to report that there has been no case of dysentery in the hospital (the last case was in 1923), and that except for a few cases of influenza there has been no epidemic disease. The health of the patients has generally been good, and the large majority of those confined to bed to-day—52 women and 42 men—were either feeble senile cases or were under treatment for mental reasons. Unfortunately, there are no verandahs for open-air treatment, but the sick patients, though indoors, appeared to be receiving careful nursing attention. I thought an increase in the number of bed tables in the infirmary wards was desirable. All the deaths were due to natural causes, and in no case was it necessary to hold an inquest.

There are only three patients—one male and 2 women—known to be suffering from tuberculosis.

The staff consists of 33 men and 37 women for day, and of 6 of each sex for night duty. The certificated or registered mental nurses number 32 men and 16 women, and 3 men and 4 women have passed the preliminary examination. This high proportion of trained staff is most satisfactory and reflects great credit on the staff themselves and on their teachers.

Cambridgeshire, Isle of Ely and Borough of Cambridge Mental Hospital.

March 20th, 1928.

For some time past certain improvements to this hospital in connection with the erection of a house for the medical superintendent, the adaptation of his existing house as quarters for the deputy superintendent and assistant medical officer, the construction of cottages for staff, as well as work in relation to the improvement of the heating and electric current, have been in contemplation. Difficulties, however, arose in consequence of the constituent authorities not being in entire accord as to the necessity for and the best means of carrying these out. As the result of a conference between the representatives of the authorities and Sir Frederick Willis, acting on behalf of the Board of Control, I may say that the question of electrical supply has been referred to the Minister of Health for his decision, and hope that the other matters will be shortly dealt with. I gladly record the completion and opening of the male section of the new admission hospital. With a capacity for 25 patients this is an important step on the road towards the modernization, so far as possible, of this hospital, dating from 1858. This new addition to the hospital is at present occupied by 16 patients, the means for open-air treatment on the verandahs are in full operation, and I understand that advantage has already been taken in suitable cases of the use of the continuous bath which has been installed.

This is, I hope, but a commencement to the establishment of further equipment for the better classification of the patients and other remedial measures, and I hope that, eventually, this hospital will be provided with a modern treatment centre and convalescent villas.

The alteration of an old building to meet the needs and demands made upon it is not easy of accomplishment, but with a view to supplying further female accommodation, it is, I understand, proposed to convert the nurses' messroom to its original use, as night space for 20 women, in connection with the infirmary ward 2, and to utilize the dormitory space over male 1 ward for 45 female patients.

Some renovation has been effected—more is clearly needed and will doubtless be taken in hand—but there are some matters which require attention.

The w.c. accommodation in male 1 ward, where there are no divisions between the seats and the lack of proper washing conveniences in male 4, the remodelling and equipment of the laundry (the automatic guard to the calender does not act and requires adjustment), and the alteration to the mortuary and post-mortem room, including means for viewing the bodies of deceased patients by their relatives, under reverent conditions, I would specially note, and I am glad to know that the last named item is under consideration, and advisedly so.

Some tooth brush racks have been supplied and the number of books has been increased, but there is still room for a further addition, especially in those wards where the more degraded and unruly patients are warded.

The use of the laboratory as an aid to clinical work and diagnosis is fully realised, and I am pleased to learn that the assistance given by the Voluntary Association for mental welfare is proving most useful and is greatly appreciated.

The treatment of the patients suffering from general paralysis of the insane by induced malaria is not feasible at this hospital, but in view of the apparently favourable reports from other hospitals where this treatment is in practice, I would suggest that, in suitable cases, arrangements might be made for the transfer of patients to other institutions where such facilities are available. In such a dire disease as this nothing, in reason, should be left undone which holds out a hope for recovery or alleviation. In this and in all things conducing to the well-being of the patients I am satisfied that I have the sympathy of Dr. Jones, who evidently takes the greatest interest in those under his care and in the administration of the hospital.

The wards are well kept, but the feminine aptitude for neatness and tidiness is very noticeable on the women's side.

The patients appeared to be properly supervised, and those requiring bed treatment are receiving due and proper nursing care. With the exception of some appeals for discharge they were entirely without complaint.

Since March 14th of last year there have been 148 admissions, the discharges numbered 60—on recovery 30—and 63 patients were allowed out on trial, whilst 3 were dealt with under s. 25 and 9 under s. 79 of the Lunacy Act.

The deaths—45 in number—were from natural causes, and no inquest was held. There was not any instance in which a bed sore existed at death nor is any patient suffering from such a complication. In 31 of the 45 deaths post-mortem examinations were held.

The death rate for the year ended December 31st last was 8.11 per cent.—males 10.45 per cent., females 6.88 per cent. General paralysis accounted for 4 of the deaths, tuberculosis for 2, heart disease for 13, and senile decay for 6. There has been no epidemic or zymotic disease, and those at present suffering from tuberculosis number 7—males 2 and females 5.

On the books are 665 patients—male 234, female 431—of whom 28, including 21 "Service," are private patients. On trial there were 7 patients, leaving in residence 233 male patients and 425 female. Under reception contract 20 patients are boarded out. Parole is allowed to 8 men beyond and to 23 within the estate, but there are no open door wards.

In view of the contemplated alterations in connection with accommodation I omit any detailed reference to that question.

The maintenance rate for home patients is 23s. 11d. and for private patients 32s. 1d.

There has been no mechanical restraint.

Only two serious non-fatal casualties have occurred and they call for no special mention.

The staff consists of:—

Charge male nurses	-	-	6	Charge female nurses	-	10
Ordinary	-	-	28	Ordinary	-	45

for day, and of 7 male and 8 female nurses for night duty. The nurses certificated or registered as mental nurses number 27 males and 18 females.

Dr. Jones has the assistance of Dr. Thomas as deputy superintendent and Dr. Deighton.

Carmarthen, Cardigan and Pembroke (Joint Counties) Mental Hospital.

November 3rd, 1928.

My visit to this hospital has extended through a long afternoon yesterday, and this morning.

It is apparent to me, in relation both to my visit of nearly three years ago and to the remarks of my colleagues in their entry of July last year, that a good many improvements have been, and are being, taken in hand.

It is specially satisfactory to find that the important matter of the drainage of the institution has been made secure by turning it into the public sewer. This obviates many risks from intestinal affections. Sewage, however, still flows in an open channel from a neighbouring institution across some of the grounds of the hospital. I trust friendly pressure can be brought to bear so that this, too, will be piped-in and passed into the public sewer.

A good deal of painting and other renovation has been overtaken, and some—as, for instance, in male No. 2 ward, where the painters are at work—is still in hand. There are still some places that look shabby and drab and seem in rather urgent need of renovation. Apart from these, and assuming that they will very soon be put right, the institution can be said to be in good order, and the wards are bright and comfortable. In this connection, I would urge that the walls of such single rooms as, for instance, the two at the end of the sick dormitory of the female hospital ward, should be covered with good enamel paint—preferably white or some quite light colour. Cases of diarrhœa, possibly dysentery, are being treated in these rooms, and the present surface of the walls of these rooms does not lend itself to thorough cleaning. An extra w.c. is being provided in No. 1 female ward, and modern wash-basins are being gradually installed, as, for instance, in the lavatory adjoining the general bathroom near this ward, the effect of which is a great improvement.

The sanitary improvements which have been effected at the farm seem to me very satisfactory and comprehensive. Utensils can be, and now are, properly sterilized, and there is good means for the washing of hands before milking. The byres have been thoroughly modernised.

Some improvement is, I think, noticeable in the lighting of the wards and other parts of the institution, but, going round some of them as I did yesterday after dark, it is impossible not to feel that, in comparison with other mental hospitals, this one is really very poorly lighted. Moreover, it remains one of the few in which gas remains as the illuminant. Gas will always be wanted for various purposes, but, by its continued use as an illuminant, all the new painting and whitening of ceilings that is being done will quickly become dingy. I would, therefore, ask the Committee, now that electric current is available quite close to the institution, favourably to consider lighting by electricity. It need not be done all at

once, but gradually. It is also wanted urgently for certain medical facilities, without which a hospital nowadays is badly handicapped. It would enable, too, a Hobart or other similar mixer to be installed in the kitchen.

The excess of patients resident over the hospital's recognized accommodation is much the same as noted last year by my colleagues. As regards day-space, there are said to be 16 vacancies for women, but, as regards the night-space, there are 46 male and 28 female patients over the proper numbers. Expressed as percentages, there is, as regards night-space, an excess of 9 per cent. on the women's side, and definite overcrowding to the extent of 16 per cent. on the men's side. The Committee have, I know, various matters under consideration—such as the water supply, hot and cold, and its increased storage in case of fire—and it is not reasonable to expect that, in these days when financial considerations need the closest attention, everything can be overtaken at once. I believe, however, that it would be a wise policy, preventive of disappointment in results, and economical in the end, were the Committee to take “a long view” of the hospital's requirements, and to shape their scheme so as to include such additional accommodation as may be calculated as likely to be necessary fifteen or twenty years ahead. Such a policy does not commit them to spend more at any given time than they feel can be afforded; and, in the preparation of any such scheme, I am sure our Board, if desired, would be pleased to assist.

I am glad to learn that a plan for a verandah in connection with the female hospital ward is likely to be forwarded to our office shortly. The provision of similar facilities at the corresponding male ward presents difficulties. These I have discussed with Dr. Richards, and have made suggestions whereby, I think, they could be surmounted.

Including one man absent on trial, there are now the names of 333 male and 325 female patients on the books. Among these are 28 men (including 14 “Service” and 3 “ex-Service” cases) and 15 women classified as private patients, and 5 out-county cases, who are merely temporarily here. The weekly maintenance charge is 19s. 3d. a head, being 7½d. under the actual cost as last ascertained. The private cases pay from 22s. 6d. to 35s. a week.

Of the 87 patients discharged (in 55 cases on recovery), there were only 18 who had been allowed out on trial as a preliminary means of testing their fitness for full discharge, and in no case has there been any money allowance made. It is quite impossible to believe that there was none of these 87 men and women to whom, after a period of residence in a mental hospital, and with the necessity of seeking employment, a money grant would not have been an immense boon. I earnestly ask the Committee to make full use of their valuable powers in this direction.

The death rate during 1927 was 11·3 per cent., the male and female percentage being respectively 9·8 and 12·9. It was 7 per cent., or a trifle more, in 1923, 1924 and 1926, and 10·5 per cent. in 1925. Such rather sharp fluctuations make comment difficult on an occasion like this, but, on the whole, it is, I think, higher than in most mental hospitals. It may be well worth study in age-periods over a number of years, at the hands of the medical staff.

In the period under review, there have been 36 male and 45 female deaths, with two exceptions all from natural causes, verified by post-mortem examination in 30 per cent. This is a noteworthy and commendable increase in the proportion of these important examinations, and I hope that it will be still further increased. The two excepted cases were the suicides of a male and female patient, the facts of which were fully reported to our Board at the time.

Nine of the deaths (one man and 8 women) were due to tuberculosis, of which communicable disease there are believed at present to be two cases on the male, and four on the female side. Pending the provision of

the verandahs, they still have to be treated in open dormitories in close proximity to other patients.

There are at present three patients (one man and 2 women) under treatment for a form of dysentery, besides which there has been one other case in a woman, which was fatal. In studying and commenting upon this form of incidence, one is handicapped by the absence of the register of cases of dysentery and diarrhoea. Dr. Richards has promised to bring again into use this book, which of late years has been in abeyance. There were two cases of enteric fever in August and September this year, and during the period under review there have been some 46 cases of influenza. Instances of fracture, dislocation or other serious injury have been only three—one of which was due to a blow from a fellow-patient, the other two being the result of simple accidents.

Various improvements have been effected in the dietary. There is still, I cannot help feeling, a great monotony in the breakfasts. I am sorry to learn that condensed milk is used for making tea and coffee. Despite the good example set here of giving butter in preference to margarine, I hope that condensed milk will be kept only as a stand-by in case of emergency, and that milk will be made available for the tea and coffee, either by its purchase or by increasing the herd. To-day I saw a good dinner being served in the hall—liberal helpings of meat and two vegetables, followed by bread and cheese.

The patients generally seemed free from discontent. Those that I saw in bed were evidently in receipt of good and careful nursing and medical attention. I am sure that the provision of a few bed-tables, of the type with legs extending over the sides of the bed, would greatly conduce to the comfort of those under treatment in bed.

Among the matters which the Committee are taking into consideration, the absence of a detached nurses' home will, I hope, not be forgotten.

The clinical records are, I am glad to see, kept on the loose leaf system and, rightly, in the wards. Those I examined are all well posted to date. Some day, I hope, there will be a clinical room in each ward.

Dr. Richards now has to assist him as resident medical colleagues Dr. R. P. Rees, D.P.M. (deputy superintendent), and Dr. D. B. Davies. The question of bringing the laboratory into activity is still under consideration. One way would be the appointment of a well-trained laboratory assistant, whose work could be conducted under the supervision of the resident medical staff, supplemented perhaps by the occasional visit of a pathologist from Swansea.

Cheshire Mental Hospitals.—1. Upton, Chester.

October 13th, 1928.

We began our inspection of this hospital in the main building yesterday morning, leaving the annexe and such places as the pathological laboratory, mortuary, viewing room and dispensary until to-day.

We found the hospital generally well maintained, though there is a considerable amount of redecoration necessary in many places; some work, however, in this direction was being done in some of the wards, and the workmen were engaged on the redecoration of the recreation hall of the annexe; and a considerable amount of work has been done both inside and outside the hospital since the last visit. Other important works which have been completed during the period under review include alterations for the better lighting of the laundry and redecoration of the interior and the installation of a continuous drying machine. A new borehole and pump-room, new shops for tinsmiths and upholsterers, re-modelling of some of the female airing-courts, new half-doors to many of the w.c.'s, new refrigerating plant and chamber, and the wiring of many single rooms for electric light.

Since the last visit by two of our colleagues in December last, 310 patients have been admitted, 25 have been transferred to other care, 127 have been discharged (of whom 89 had recovered), and 124 have died. Twenty-two patients were dealt with under s. 79 of the Lunacy Act, 1890, and 54 were allowed out on trial to test their fitness for discharge, money allowances being granted in 31 cases under s. 55, and in 15 cases out of the Convalescent fund.

There are to-day upon the statutory books the names of 1,585 patients, but, four patients being away on leave, the number in residence was 1,581 (692 males and 889 females).

The private patients number 143, of whom 44 are females and 74 are "Service" and "ex-Service" patients. There are 79 out-county patients, 76 of whom are from the City of Chester.

Parole is granted beyond the estate to 46 males and 9 females, and within the estate to 53 males and 2 females. One ward on the male side is administered upon the open-door system.

There appears to be overcrowding in the hospital to the extent of 20 on the male side and 40 on the female side, calculated on the available day-space, the night-space showing vacancies for 9 females and overcrowding by 20 males.

The weekly maintenance charge for home patients is 16s. 4d., and for private patients 28s.

We found the wards well kept and comfortable, very well supplied with books, and plenty of pictures. We should like to see more picture books and bound picture papers lying about the wards for the use of patients. We should like the question, as to whether some, at any rate, of the windows on the ground-floor day rooms might not be unblocked, to be considered. We noticed that the shoes supplied to the patients were of rather a heavy type, and thought that a light slipper would be more suitable for indoor use. In some of the ward gardens attention is required for the paths, which in wet weather must be very dirty.

In male 13 the billiard table is badly in need of attention. The table is obviously used largely, and we hope the Committee will be able to have it repaired.

The superintendent discussed with us the desirability of dividing ward 1 on the male side, and we think that when opportunity arises some such scheme as he suggested would be to the advantage and comfort of the patients. We hope, by degrees, that all the ward gardens will be planted with flowers; some at present are somewhat lacking in interest, while others, such as the male gardens at the annexe and the female epileptic ward gardens, were looking very bright and attractive.

The patients themselves seemed to be very contented and free from complaints, and except on the subject of detention we had no complaints other than those arising out of the mental condition of the individual.

We made some suggestions in the course of our inspection as to the desirability of patients' clothing being marked with their names, a plan that is adopted in some institutions we have visited, with success.

We saw a nice dinner being served of hot-pot and mashed turnip, which was obviously enjoyed. We understand that the porridge served for breakfast is cooked with the milk, and we believe that it would be more palatable if it was served with a ration of cold milk poured on it. We very much hope this plan will be given a trial.

During the period under review 14 patients—5 men and 9 women—have been attacked by dysentery, with a fatal result in one case; and 16 patients—6 men and 10 women—have suffered from erysipelas, but apart from this the hospital has been practically free from infectious disease.

Those known to be suffering from tuberculosis number 16 of each sex, the females being for the most part nursed in ward 7, but the males being spread over a number of wards. Doctor Grills is at present unable to give

greater isolation for these cases, but it is to be hoped that he will be able to make better arrangements, especially for the male cases, before long.

The statutory caution cards have not been issued to the nursing staff with regard to the tubercular patients, and those suffering from intestinal infection, and we also found it necessary to draw attention to the omission to carry out Rule 21.

We are satisfied that the sick patients are receiving proper nursing and careful attention in the infirmary wards, but we thought it would be an improvement were glass-topped trolleys for surgical dressings, and a larger number of bed tables, supplied to these wards. We also suggested that a small issue of milk should be made for the use of those patients who might desire a drink during the night.

The work done by the medical staff, both in the wards and in the laboratory, where very many tests as an aid to diagnosis are carried out by the trained assistant working under them, appeared to us to be excellent, and we were most interested in hearing of the good results that have been obtained in treating both general paralysis and encephalitis by induced malaria. It was emphasized that the malaria treatment was in every case by transmission from other patients, and that in encephalitic cases it was followed, whenever possible, by sun treatment in the open air. Dr. Grills is anxious to try the effect of Alpine sun for a few of these patients, but as yet, for various reasons, he has not been able to bring about the experiment.

Full use is made of diathermy and ultra-violet radiation, but the medical work is much hampered by the absence of an X-ray installation, and we hope the Committee, who, we understand, look favourably on its provision, will not stint the expense of providing the best installation.

The alterations which are about to be made to the admission wards, which will include treatment rooms, continuous baths in rooms fitted with sliding roofs, etc., will shortly be commenced and should prove to be of the greatest benefit for the treatment of recent cases.

Arrangements have not yet matured for an out-patients' department, either at the hospital or in connection with the general hospitals within the area served, but Dr. Grills acts in an unofficial capacity as consultant at the local General hospital in various matters.

Inquests have been held concerning two of the deaths, one of which was due to a suicidal act, and the other to fatty degeneration of the heart, the death following an operation; but all the remainder were due to natural causes, and need no comment here.

The death rate for 1927 was 8.51 per cent. for both sexes, that for men being 9.4 and for women 7.7 per cent.

In conversation with Dr. Grills we pointed out that in our opinion it would be of the greatest benefit to the patients if it could be found possible to train a number of the nursing staff in various occupations, physical drill, and in dancing, and we suggested to him some possible methods of carrying this out at small cost.

Dr. Grills has to assist him as deputy superintendent Dr. Isabella Gillespie, his other medical colleagues being Dr. F. H. Healey, Dr. J. B. Panton and Dr. T. A. Muckle.

Cheshire Mental Hospitals.—2. Parkside.

May 11th, 1928.

The changes which have taken place since this hospital was visited by two of our colleagues in January of last year have left on the books the names of 578 males and 731 females, a total of 1,309. There are at present, however, 10 patients out on trial, leaving in residence 1,299. During the period under review 151 patients have been discharged, of whom 77 had recovered, 26 were dealt with under s. 79, and 85 have died. Eighty-nine patients were allowed out on trial, money allowances being granted

in 20 cases. The private patients number 196, of whom 88 are women and 108 are men; of the latter, 60 are "Service" and 4 "ex-Service" patients. Out-county patients number 27.

Parole is granted usually to 101 patients, about equally divided as to sex, beyond the estate, and to 55 males and 22 women within the confines of the estate. Two male and 4 female wards are administered upon the open-door principle.

The accommodation in the hospital is for 1,290 patients, and the number on the statutory books being 1,309, overcrowding to the extent of 19 is shown.

The weekly maintenance charge per head for home patients is 16s. 11d. and for private patients from 21s. to 77s. The average weekly maintenance cost for the year as last ascertained was 16s. 8½d.

We are glad to be able to report that we have found the hospital well maintained and in good order, and the patients on both sides well looked after and very contented. Since the last visit much work has been done in the way of painting and decorating both outside and inside. Among the more important items are the remodelling of the old laundry buildings and the enlargement and improvement of the foul linen wash-house, a new sanitary spur in female 3 ward, the adaptation of an old visiting room for a nurses' lecture room, and of another room for a violet ray treatment room. The mortuary and post-mortem room have been modernized, and the provision which has been now made for the viewing of the bodies of patients by their friends and relatives is most satisfactory and will, we are sure, be much appreciated.

Among the more important works now in progress are the construction of verandahs to female wards 6 and 7 and the interior painting of the main dining hall.

We made enquiries as to the married quarters of the second assistant medical officer to which our colleagues drew attention last year, and we are glad to hear that this matter is receiving the close attention of the Committee.

We found the wards and dormitories in very good condition, clean and well ventilated, but in many of them we thought that there was a lack of books, particularly of the bound illustrated paper type—we should like to see plenty of these in every day room; a few copies of a paper sewn together in brown paper or very cheaply bound would, we are sure, add to the pleasure of patients of all types, and though we recognize that some destruction is inevitable, we think that, as time goes on and the patients get used to seeing these books about, this destruction would to a large extent disappear. We also found in some of the wards a shortage of paper and envelopes. We hope that a plentiful supply will always be kept by the charge nurse for the use of the patients. Although we were assured that more paper and envelopes could always be procured, we are afraid that if the charge nurse has none in stock the patients may have to wait, if not to the next issuing day, at any rate to some time when it is convenient to the charge nurse to deal with the matter. We think it very important that patients and their friends should keep in touch, and we should much like to see some arrangements made whereby the friends of a patient who has not been visited or written to for some time might be urged by the hospital authorities to visit or write.

We think that the bathrooms on the female side would be improved by the addition of curtains between the baths so that some degree of privacy may be obtained by those (and we are sure there are some) to whom privacy is of real importance.

We saw a good dinner served consisting of roast beef and potatoes; the meat seemed to be well cooked and of good quality.

We believe we saw all the patients now in residence, and except on the subject of discharge we received no complaints at all. We gave private interviews to two men and one woman, but were satisfied in each case as to the necessity for their care and detention.

The outbreak of enteric fever referred to in the last report ceased in April of last year, and we gather from the records that since then the patients as a whole have enjoyed good health. This was confirmed by their healthy appearance and by the figures of the death rate for 1927, which were the lowest ever recorded in the hospital—5 per cent. for men and 5·5 for women, or a total of 5·3 per cent. for both sexes.

There have been two fresh cases of enteric fever, probably caused by "carriers," also 4 cases of dysentery, a number of mild cases of influenza, and a few odd cases of infectious fevers, but in each case the medical precautions prevented any spreading of the infection.

Only 5 men and 2 women are known to be suffering from tuberculosis, and only 2 of each sex have died from this disease.

We saw a number of patients being nursed in the open air on the verandahs, and others in the infirmary dormitories, and were satisfied they were receiving careful attention.

The excellent facilities for special medical and surgical treatment with which this hospital is equipped have been mentioned in previous reports, and here we need only say they are fully made use of by the doctors for both patients and staff, and that careful records are being kept of the results of the various treatments.

The hospital's annual report for 1928 contains articles on treatment by Dr. Cormac and his assistants, and we were particularly interested by the records of treatment in insomnia by Dr. Haslam Fox, which show the value of giving hot cocoa at night instead of the usual hypnotics.

Good work continues to be carried out in the laboratory, and over 2,300 investigations as an aid to diagnosis and treatment were undertaken last year.

During the winter months a series of 6 monthly meetings was arranged for medical practitioners, when lectures were given by Dr. Cormac and others on a number of subjects of medical interest concerning the insane. These meetings were a great success and were largely attended by practitioners. We hope they may be continued in future years.

We would congratulate Miss Jane Mottershead, the senior assistant matron, who, as a reward for her excellent work, was awarded the M.B.E. by His Majesty the King in the New Year's Honours, and the hospital in having such an excellent officer.

Cornwall Mental Hospital.

December 19th, 1928.

In the course of yesterday afternoon and to-day I have paid the annual visit on behalf of our Board to the hospital. My visit was commenced at "Bella Vista" (Liskeard), where Dr. Dudley met me, and where, besides seeing the 25 women patients in residence there and going all over the house, I paid particular attention to its gardens, and to the proposal to replace the near-by large room (formerly used as a school room when the house was a school) by a small unit comprising a cottage for gardener-attendant and his wife, and quarters for 6 or 8 male patients. It is intended that the latter shall attend to the women's gardens and to their own garden, as well as any small farming operations that may be undertaken on this plot of land, which is about 9 acres in area and distant some 14 miles from the main hospital. I was well pleased with all I saw at Bella Vista, and some of the patients clearly welcome this complete separation from institutional surroundings. The proposed development seems to me a good and workable one and, provided the women's garden is adequately fenced from the men's, I do not think that objection need be raised to the proposed unit for men, despite its close proximity to the existing house.

I also visited Laninval. This is a well built and attractive looking house and 30 acres of land, situated about three-quarters of a mile from

the hospital. It is being put in order and adapted for about 35 women patients. By the time I reached it, it was too dark to make a proper inspection—light not yet having been laid on. So far as I could see, it possesses many advantages besides a charming garden. It would, I feel sure, be greatly appreciated as a convalescent house for cases approaching a stage of recovery.

At several of the divisions of the hospital a substantial amount of redecoration has been overtaken, and this work is now in hand in ward 11 at Foster building. Here and there, there are still some wards and parts of corridors that have a shabby appearance, and where repainting—from which I hope drab colours will be eliminated—is overdue; but, speaking generally, the institution is in good order.

Work is in active progress towards renewing the recreation hall at Foster buildings after the somewhat extensive damage to it by fire in November of last year. Electric light is gradually replacing gas, and now the only part of the institution which remains to be thus treated is what is now known as the women's old building, which is the original part of the hospital built in 1820 for 50 patients of each sex in 6 portions radiating from an administrative centre.

Another important matter in progress is the scraping and cleaning of the service water mains. So soon as this is done, I hope a rigorous test will be made—preferably by or in association with the head of a professional fire brigade—in order to ascertain whether both pressure and amount of water available are thoroughly sufficient to cope adequately with an outbreak of fire, and that, should any difficulties reveal themselves, steps will be taken at once to make them good.

A room in Foster building has been set aside for treatment by ultra-violet radiation and a quartz-lamp has been installed. I saw a considerable number of patients who, so far as it is possible to form so hasty an opinion, appeared to me to be cases who probably would benefit greatly by this treatment, and while I recognise that this must be given always under adequate medical control, I believe that its use could be extended considerably were one of the ward sisters detailed for training at some centre where she could gain experience to enable her to act as a competent assistant.

Lastly, but by no means least, a capital laboratory has been fitted up and equipped, also at Foster building. Its activity, mainly at present in the hands of Dr. O'Keeffe, has unfortunately to be directed towards the discovery of "carriers" and other examinations in connection with dysentery and other intestinal affections. This is highly necessary and very responsible work, for on its results depends the redistribution of a number of the patients at present somewhat arbitrarily classified in reference to previous attacks of these disorders. I have used the word "unfortunately" because, so long as this work remains heavy, it is almost impossible to expect attention and research in the direction of problems directly relating to nervous and mental disorders. It would be a great saving of the time of the above-mentioned or any other medical officer concerned were the services available of a fully trained laboratory assistant.

A beginning has been made—and I am very glad to see it—in establishing occupational therapy, by which I mean not merely as heretofore has been done, the encouragement of patients willing to employ themselves, but an active and more extensive endeavour to get patients, at present regarded as unemployable, interested in some form of occupation. It is thought that, in order to develop this important project properly, it may be necessary to provide a room for the purpose on each side. The matter is under the Committee's consideration.

Since the last visit by Commissioners, which was on July 30th last year, the changes that have occurred among the patients leave on the books now the names of 530 males and 580 females, including 42 "Service" and 4 "ex-Service" cases; 74 of the men and 48 of the women are classified as private patients, for whom, at inexpensive rates, separate and very

nice accommodation is provided at Carew House. It struck me, however, that while in the private bedrooms there toilet facilities were quite good, those in the small associated dormitories needed some slight additions and better means of keeping them!

Seven men and 16 women are away "on trial," a practice which, I am glad to see, finds full favour here; in fact, I know of no other place where it is more widely in use. Parole, too, is liberally given; thus 40 men and 30 women are allowed to walk out beyond the grounds unattended, and a much larger number—the exact figures are not before me—have parole of the grounds. Four wards on each side are administered upon the open-door principle. Dr. Dudley has a remarkable, and indeed exceptional, knowledge of his patients individually and of their histories. The good understanding, too, between the medical staff and members of the nursing staff was very noticeable. These, I am sure, are some of the reasons why, with very few exceptions, the patients seem contented and not to mind their enforced residence here.

The weekly maintenance charge is 20s. 1½d. a head, which is a trifle above the actual cost.

The death rate during 1927 was 7 per cent., the corresponding percentages on the male and female sides being 6·4 and 7·6.

In the seventeen months under review, there have been 44 male and 64 female deaths. One of these was accelerated by fracture of the leg accidentally sustained—it and 7 other cases being the subject of inquests, mostly in relation to the recency of admission of the patients in question. Apart from this case of fracture, all the 108 deaths were due to natural causes, verified in 48 per cent. by post-mortem examinations. I know the difficulty sometimes experienced in obtaining these examinations, and I also know Dr. Dudley's commendable efforts in this direction. Nevertheless, I feel constrained to point out that this is a low proportion, and to express the hope that every encouragement will be given to obtaining a higher proportion. The importance of these circumstances is usually great.

There have been 8 cases of enteric fever; 2 were members of the staff and, of the patients, all but one were women. One case of cerebro-spinal-meningitis developed on the female side last May. There have been some 23 cases of dysentery, besides some half-dozen diarrhoeal cases; these have all been on the female side. One member of the staff and at least one patient are now under treatment for this disease. The incidence of intestinal affections is disquieting, but, as indicated earlier in my entry, it is receiving careful attention and laboratory investigation.

Tuberculosis accounted for 2 of the male and 9 of the female deaths. The number of the cases now in the wards so far as ascertained is 9, all on the female side. For reasons which I have discussed with Dr. Dudley, I cannot help doubting whether the ascertainment of this disease is as full and prompt as desirable, and as is necessary if its incidence is to be reduced.

Apart from this case, to which attention has already been made, there have been 11 cases of fracture of a bone. Two were sustained in altercation with a fellow-patient, one was due to the patient throwing himself under a lorry, and the others were the result of simple accidents.

Besides the visiting specialists, Dr. Dudley has to assist him as resident medical colleagues Dr. W. G. Rivers (deputy superintendent) and Dr. O'Keeffe. From what I have recorded as overtaken and in progress here, it will be apparent how much the Committee are doing for the advancement of this hospital. This fact and the sympathetic interest expressed by the Chairman, whom, as well as by another member of the Committee, I met to-day, in various matters we discussed, encourages me to express the hope the appointment of a third medical officer will ere long receive favourable consideration. I feel sure the appointment is needed.

Cumberland and Westmorland Mental Hospital.

May 17th, 1928.

The changes which have taken place amongst the patients since the last visit—163 admissions, 53 discharges, and 87 deaths—leave on the books the names of 869 patients—457 men and 412 women—and all were in residence, and to the best of my belief were seen by me during yesterday afternoon and this morning.

The accommodation provided in this hospital differs considerably in the day and night space, the result being that by day the male side is overcrowded by 42 patients, though at night there are 32 vacant beds. On the female side by day there are vacancies for 22 only, but there are 36 vacancies by night. When the whole question of the future needs of the hospital accommodation is considered by the Committee, as will of necessity have to be the case before long, it may be found possible to rearrange the present accommodation so that the day and night space may be made more equal.

The scheme for alterations and additions in the administrative block, which has been under the consideration of the Committee for a long time, has not yet been decided on, but some minor improvements have been carried out in the wards.

Of the points mentioned by my colleagues in the last report, nail brushes and tooth brushes have been provided, and night shirts for the men are gradually being issued. The hot bottles provided for patients being nursed in the open air still require increasing in quantity.

I found the patients to be generally contented, and, though owing to the wet weather all were indoors, and some of the female patients were somewhat noisy, I received no complaints from anyone as to their treatment. The atmosphere was a friendly one, and the patients appeared to be on excellent terms with the members of the staff. A number of patients spoke to me of their regret that Dr. Farquharson is leaving them and of the kindness they had received from him.

The wards were well kept and adequately supplied with books, cards, etc., for the patients' amusement, but I thought the downstairs day room in the laundry wards seemed bare and needing more furniture, ornaments, etc.

The patients' clothing and bedding were satisfactory except in regard to the somewhat heavy boots for women, and I was glad to know that these are being replaced by some of lighter make as opportunity occurs.

Parole is granted to 19 men only and no women, and I agree with my colleagues in hoping this number may be increased.

In the sick and admission wards the greater number of those in bed were being nursed on the verandahs, but it is a pity that, owing to the small width of the verandahs, the beds have to be moved indoors at night.

During the past 16 months, except for tuberculosis, the hospital has been entirely free from infective disorders, and as far as I could judge the patients appeared to be in excellent health to-day, though there are a large number of senile patients gradually becoming infirm.

The death rate for 1927 was the satisfactorily low one of 5 per cent. for men and 9·2 per cent. for women, or a total of 6·9 per cent. for both sexes. All the deaths have been due to natural causes, and it has not been necessary for an inquest to be held concerning any case.

Unfortunately, the tuberculosis rate in this hospital compares unfavourably with that for all mental hospitals, and this disease was the cause of 18 out of the 87 deaths recorded.

It is satisfactory to be able to note that there has been no record of any serious casualty since the last visit.

The nursing staff consists of 46 male and 55 female nurses for day and of 7 of each sex for night duty. Two female nurses are employed on the male side. Of the men 13, and of the women 7, are certificated or

registered as mental nurses, and 3 of each sex have passed the preliminary examination.

Dr. Farquharson, after many years' service, is retiring from his post in September next, and on behalf of my Board I should like to wish him an early return to good health and for many years in which to enjoy a well-earned rest.

He has as his assistants Dr. J. R. Anderson and Dr. A. W. Watt.

North Wales Counties Mental Hospital, Denbigh.

June 1st, 1928.

At an early hour yesterday morning, accompanied by our Board's Architect, we met the Chairman and other members of the Committee, Dr. Jones, the hospital clerk, and the Committee's architect, to discuss the proposed alterations and improvements of the ward sanitary annexes on the male side. This is a most important matter and one that requires much consideration before it is undertaken, more especially as we hope that when doing it, it may be found possible to divide some of the large wards, notably wards 5 and 3, into smaller units at little cost, and at the same time to arrange that sufficient floor space is provided for the patients generally throughout this side of the building.

In the absence of up-to-date plans nothing could be decided upon, and it was arranged that a corrected plan should be forwarded to our Office and that when this has been examined we should endeavour to make some definite proposals for the Committee's consideration.

Later, with the medical superintendent and clerk, we visited suggested sites for the erection of an admission hospital and villas for male and female patients. All these appeared to us to be not only good but very beautiful sites.

We also visited Trefeirion, a house which has lately been acquired by the Committee. We understand that it has not yet been decided to what purposes this house may be put, but if, as is thought probable, it is used temporarily or permanently for the housing of patients and the dormitories are upstairs, it will require some alterations to be made to make it safe in the event of fire.

We began our inspection proper of the hospital at Gwynfryn, a villa set apart for female patients. It is a very charming place for the class of patients for whom it is used, and practically all the 25 patients were sitting or walking about the gardens. But here again we are bound to point out that we do not consider that there is adequate protection against fire, and that certain necessary communicating doors and smoke screens should be provided without delay. We discussed what should be done with the medical superintendent and clerk on the spot, and have little doubt that the matter will be considered favourably.

Proceeding then to the main building, we started on the male side, and found the wards and ward gardens very well kept, but nearly everywhere we were struck by the crowding in the ward gardens (in one garden there being at the time of our visit about 230 patients), a matter which we think could without much cost be remedied.

The wards were well supplied with books and papers, but we hope that, as opportunity serves, some of the benches may be done away with, and their place taken by some more restful form of seat. Some of the ward gardens were very gay with flowers, and we hope that flowers will be grown in those that are at present without them, as we are sure that they give great pleasure to many patients.

We were particularly pleased to see the two lawns in front of the hospital being used by a considerable number of patients, the male patients playing bowls and the females lawn tennis. The patients have tea there when the weather is suitable, and a nice summer-house has been built on the female side corresponding to the existing one on the male side. We

were very glad to learn that further tennis courts are to be made. We went into the hall while the patients were at dinner and saw a meal being served of roast beef, beans and potatoes. We then went to see the place from which the cinema pictures are projected on to the screen on the stage of the hall. We are most strongly of opinion that the present arrangements for cinema entertainments are not satisfactory and that further arrangements for the safety of the patients and building are urgently necessary before the apparatus is again brought into use.

We found the patients very happy and contented, clean and well clothed. We were particularly pleased with the variation in the colour and style of the women's dresses.

On our visit to the laundry we thought it was oppressively hot, but noticed that only a few of the roof lights were open.

The changes that have taken place since this hospital was last visited by a member of our Board have left on the books the names of 556 male and 549 female patients, a total of 1,105. Fifty-one patients have been allowed out on trial to test their fitness for discharge, money allowances being granted in 42 cases.

There are 128 private patients, of whom 35 are women, and 63 are "Service" patients. There is only one out-county patient.

Five patients were out on trial at the time of our visit, leaving in residence 1,100, all of whom we believe we saw and gave an opportunity of speaking to us.

From the figures given to us it would appear that the hospital is overcrowded to the extent of 32 on the male and 35 on the female side. It is, however, satisfactory to us to record that this shortage of accommodation to meet the needs of the counties concerned is now receiving the anxious consideration of the Committee, and we feel sure that, so far as in them lies, no time will be lost in getting to work upon the new sites to which we have alluded above.

The weekly maintenance charge per head is 18s. 8d. for home and 29s. 9d. to 73s. 6d. for private patients, the average weekly maintenance cost as last ascertained being 18s. 10½d.

Unfortunately cases of dysentery continue to crop up amongst the patients of both sexes, and there have been 6 cases amongst the men and 11 amongst the women since the last visit, with fatal results in the case of 4 women. As was pointed out at some length in the last entry, the overcrowding on both sides renders the eradication of this disease extremely difficult, and the absence of a fully equipped laboratory hampers the medical staff in diagnosis and in tracing possible sources of infection. We were therefore most pleased to hear that besides taking steps to increase the accommodation, the Committee are about to appoint an additional medical officer who will possess a good knowledge of laboratory work, and that a good-sized laboratory is to be properly equipped for his use. We hope that, as before advocated, this appointment will be followed by that of a trained technical assistant to work under him.

The only other epidemic diseases have been influenza, which attacked 31 patients and the same number of staff, and 2 cases of erysipelas, but the notifications of tuberculosis and the deaths from this disease were above the mean rate for all mental hospitals.

In the infirmary wards we saw a large number of patients being nursed out of doors, and were satisfied that they were being carefully looked after. On the male side, ward 9, which has recently been redecorated, is now being reopened, and we thought this might be the opportunity for dividing the sick from the new admissions, both of which are now accommodated in ward 8, which is on the ground floor under ward 9. Perhaps Dr. Jones will consider this. Off ward 8 is an excellent clinical room, which has been found to be most useful for many purposes, but we noticed that poison bottles were on shelves within anyone's reach. It is true that the door is always locked, but we must press that a proper poison cupboard should be provided immediately, and that in future all poisons should be

kept therein. Serious accidents have taken place in other hospitals as the result of the absence of such special precautions.

All the 68 deaths have been due to natural causes, but in only 13 instances was the cause verified by post-mortem examinations. No inquests have been held.

The present staff consists of 9 of each sex, who hold charge rank, and 51 male and 49 female nurses. Those who are registered or certificated as nurses number 7 men and 2 women, and 2 of the former and 11 of the latter have passed the preliminary examination. Regret has been expressed in the past at the small number of nurses who succeed in passing their examinations, and it is most gratifying to know that the Chairman of the Committee is interesting himself in the matter, and that as a result of his endeavours the numbers are tending to increase.

Derby County Mental Hospital.

April 16th, 1928.

The cottages for the staff have been completed, and work at the nurses' home has made good progress, but in view of the scheme now under consideration for the centralization of the heating and hot water installations, some time must elapse before it can be put into active use.

Some general decoration has been effected and the wiring of the building for electric light is nearing completion.

The wards and dormitories are throughout in very good order, and the patients appeared to be receiving proper care and supervision. I had no complaint of any kind except in one ward—male 12—where a patient alleged he had been struck by an attendant this morning. I made a full enquiry into all the circumstances, and satisfied myself that the complaint was unfounded, although I think the attendant might have exercised more tact and discretion in his dealing with the patient.

I discussed with Dr. Bartlett the shortage of w.c. accommodation, which is so evident in some wards on both sides, and hope this will be remedied, but was glad to note that dwarf doors have been placed in some of the sanitary spaces, and to hear that a similar course is to be adopted throughout the building. This improvement has been carried out since the last report from a member of my Board, and it is satisfactory to observe that the other recommendations made by him have been adopted and completed.

Since June 8th, 1927, there have been 208 admissions, and, consequent upon the changes which have occurred amongst the patients, there are on the books 413 male and 436 female patients, of whom 11 (male 5, female 6) are on trial, leaving in residence 408 male and 430 women, whom, I understand, I have seen.

The hospital continues to be well administered, the treatment of the new admissions and the general classification of the patients being, as far as present conditions admit, well dealt with, but with the erection of an admission hospital—I hope in the near future, the plans for it, I understand, having been approved—these arrangements can and no doubt will be brought into line with modern views.

At present there is overcrowding on both sides, but on the completion of the nurses' home the women's side will be relieved, consequent upon the release of night accommodation now given up to nurses.

As many as 40 patients have been dealt with under s. 79 of the Lunacy Act, 6 under s. 25, and 91 have been allowed on trial.

Full parole is allowed to 30 men and 4 women, and a more limited freedom to 92 men.

I found the inmates of the hospital generally contented and satisfied with their surroundings, but I think there should be a larger supply of books and some cheaply bound illustrated periodicals and magazines in the

wards, and would suggest that the dietary of the mid-day meal might be so arranged as to give greater variety to the second course.

The maintenance rate for home patients is 21s. 7d. and for private ("Service") patients 25s. 4d.

The deaths number 79, all from natural causes, and in 50 instances the cause of death was verified by post-mortem examination.

There have been no inquests.

In 10 instances death was due to general paralysis, in 9 to tuberculosis, in 15 to heart disease, and in 4 to dysentery.

Tuberculosis still shows a somewhat high figure as compared with other similar institutions, and there are to-day 12 male and 13 female patients suffering from this disease, though only 5 patients (1 male and 4 women) show active symptoms.

There have been 6 cases of dysentery on the male side, the attack in 4 instances proving fatal. They occurred in the male infirmary, the first case showing itself at the end of December, 1927, but there have been no fresh instances during the past two months.

I saw 29 men and 35 women being treated in bed, but there were practically no cases of acute illness, general debility and the feebleness of old age being answerable for their being so confined.

Four serious non-fatal casualties call for no comment.

The staff consists of:—

Charge male nurses	-	-	10	Charge female nurses	-	11
Ordinary	-	-	37	Ordinary	-	45

for day, and 8 and 9 respectively for night duty. Six female nurses are employed on the men's side.

The male nurses certificated or registered as mental nurses number 32 and the female nurses 20.

Dr. Bartlett is assisted in his administration of the hospital by Dr. McGlashan, D.P.M. (deputy medical superintendent), and Dr. Hosie.

Devon Mental Hospital.

April 23rd, 1928.

Since our colleagues' visit here rather over fifteen months ago the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	140	221	361
Transferred to other care - - -	5	6	11
Discharged from order - - -	68	143	211
of whom had recovered - - -	34	79	113
of whom dealt with under s. 25	18	33	51
of whom dealt with under s. 79	10	16	26
Allowed out on trial - - -	36	82	118
of whom granted allowances -	15	11	26
Died - - - - -	64	80	144

There are to-day on the statutory books the names of 1,214 patients, in the proportion of 489 males to 725 females. Of these, 67 men and 35 women are classified as private patients, 48 of the former being of the "Service" or "ex-Service" class. Out-county patients number 97—38 males and 59 females; 14 males and 20 females are received under contract from Devonport, and 22 males and 36 females under contract from Plymouth. The remaining 5 out-county cases are from as many unions.

Seven men and 10 women are now out on trial, and one of each sex on short leave. There are therefore in residence to-day 481 males and 714 females, a total of 1,195. The average number resident during the year ended December 31st last was 1,211—489 males and 722 females.

The total accommodation as returned to us is for 625 patients on the male side and 870 patients on the female side by day, whilst by night it is for 577 and 784 respectively. There are, therefore, vacancies at present for 96 men and 70 women, and we hope that some of these will be filled by accepting patients from other local authorities, who are pressed for accommodation for their patients.

The weekly maintenance charge is, for the county patients, 22s. 9d. per head, and that for those of the private class from 35s. to 63s. The average weekly maintenance cost as last ascertained was 23s. 7½d.

The patients generally throughout the institution were orderly and free from any complaints of substance, apart from appeals for discharge from those who were obviously not yet fit for it. Their dress and personal appearance were satisfactory. Four wards on either side are administered on the open-door principle, and a fair amount of parole is given, 20 men and 13 women being allowed out beyond the estate, and 40 men and 26 women within the grounds.

From the miscellaneous returns furnished to our Office for last year we find that the attendances at the Church of England services was about the average of mental hospitals generally, but the numbers usually present at the weekly entertainments were somewhat low. A cinema apparatus has been installed in the recreation hall, but it is in a movable box, which, though it may be fireproof, would allow fumes and smoke to escape into the body of the hall, should the film catch fire. The cinema apparatus, with a winding room, should be provided outside the hall, composed of fire-resisting material, and with ready means of egress for the operator in case of necessity. A site for such a chamber might be found on the top of the corridor behind the stage.

A good number of patients of both sexes are usefully employed, and we were glad to hear of the extension of the industries by the basket and brush making. The shops in which much of this kind of work is carried on are small, cramped and badly lit, and this was specially noticeable in the upholsterer's department.

The day rooms and dormitories with the single rooms were generally tidy and clean, but those on the female side presented a more favourable appearance than those on the male side. A good deal of redecoration is required in the male division, and, though some is now in progress, we doubt if the present staff of painters is strong enough to overtake the arrears.

There was a lack of plants and flowers in many wards on both sides, and, though the nurses had done their best to brighten these up with paper and artificial flowers, we think that more greenhouses are required to raise and maintain a proper stock of plants.

As noticed by our colleagues last year, there is still a marked deficiency of books in the wards.

In some of the male wards which were not in use or in full occupation there were articles of furniture lying about in an untidy state.

Though in some of the sanitary annexes which have been modernised there are dwarf doors to the w.c.'s, there are several compartments without them, and we were surprised to find them lacking in the ward where the private male patients are warded.

The suggestions of our colleagues as to providing in the medicine cupboards separate locked compartments for poisons have been, we are glad to report, carried out.

The alterations and improvements completed since the last visit include the tiling of the floor and walls of the centre kitchen scullery; the erection of 8 cottages for the male nurses and farm workers; the boring of the artesian well has been completed and the pump installed; the erection of the buildings over these is in progress; two new male nurses' cottages are in process of erection, but we were unable to learn that a start has yet been made with the house for the resident engineer, the plans for which were approved over a year ago.

The death rate during 1927 was 9 per cent., being slightly more than this among the males and rather less with respect to the females. It was a trifle more than 9 per cent. in 1926 and 1923, rather less than 7 per cent. in 1924 and 1925, and 15.2 per cent. in 1922. These percentages are mentioned because they suggest that the death rate here is inclined to be higher than the average in mental hospitals, and because of the 64 male and 80 female deaths which have occurred since January 11th, 1927 (the period under review). Tuberculosis accounted for 10 per cent. of the latter and as many as 14 per cent. of the former, and pneumonia for the high percentage of 17 of the males and 27 of the females. The number of patients at present believed to be suffering from tuberculosis is 9 on the male and 29 on the female side, and there are 2 nurses at present undergoing sanatorium treatment. We notice, too, while there have been 4 diarrhoeal cases diagnosed by bacteriological examination to be dysentery (two of which were fatal), there were a number of others in which the clinical symptoms and post-mortem findings strongly suggest dysentery, though the bacteriological examination was negative. We feel that all these figures suggest the desirability of keeping a close watch on the health of the institution. They prompt us, too, to accentuate two matters that have impressed themselves upon us.

One of these matters is the milk supply. The dietary scale seems well considered and on the whole good, and we saw a good dinner served, though we were sorry to see such an extensive use of metal plates. But, with respect to the milk, which we are sure is a very important item in the general dietary, to our regret we learn that condensed milk is still issued to a considerable extent (about 270 one-pound tins per week). About 98 gallons a week are purchased to supplement the 52 gallons a day drawn from the farm, the rest of the home-produced milk (about 10 gallons a day) being scalded for butter-making, and later in the season cheese is made. In the interests of the patients it does seem to us that neither butter nor cheese should be made except from surplus milk after the farm has produced all the milk required for the hospital, and that in an area such as this it ought not to be necessary to use condensed milk or even to purchase fresh milk.

The other matter is the present use of male No. 5 ward, which was commented upon by our colleagues last year. The dormitory has a gable roof and is unceiled, and seven of the single rooms are very deficient in light and ventilation; these we feel would best be removed entirely and, as the ward seems never to have been designed for nursing purposes, we suggest that efforts should be made to use another ward for this purpose—for instance, a ward in male block 1 or 2.

Apart from these criticisms as to structure, it seemed to us that a high standard of medical work is maintained, and that good and regular use is made of the many medical facilities which have been provided here. We saw with pleasure the manner in which nurses are trained to make notes of their cases and the practical advantage to which these notes are turned. We are glad, too, to hear of the successful reciprocity which has been established between the Exeter General Infirmary and this hospital, and of the carefully thought out scheme for the training of nurses which is in force here. In this connection we desire to congratulate the matron, Miss E. G. Musgrove, whose 40 years' service has been recognized by the conferment of the O.B.E. upon her last June.

Referring again to the deaths, allusion should be made to three cases of suicide. One was due to poison taken before admission; of the other two, one was due to strangulation and the other due to decapitation on the railway, the circumstances of both of which were fully reported to our Board at the time.

Mechanical restraint was used to prevent the removal of surgical dressings in the cases of one man and 6 women on 3 and 28 occasions

respectively. One man and 9 women were secluded for a total of 207 hours.

The present nursing staff is composed of:—

	Males.	Females.	Total.
Charge - - - - -	14	23	37
Ordinary - - - - -	49	70	119
Night - - - - -	10	23	33
Certificated or registered - -	46	21	67
Passed preliminary examination-	5	20	25

Six women nurses are employed with the male patients. During the course of our visit we found 37 nurses on duty on the male side and 51 on the female side.

Dr. Eager was away from the hospital during our tour of the wards, but we had an opportunity of seeing him for a short while before we left and mentioning some matters to him. In his absence we received every assistance from Dr. C. F. Bainbridge, the deputy superintendent. The three other medical officers on the staff are Dr. R. A. G. Penny, Dr. E. C. Patterson and Dr. C. B. Molony.

Dorset Mental Hospital.

February 23rd, 1928.

Commencing the annual visit to this hospital yesterday, we have completed the inspection this morning, and can report that it continues to be well administered and carried on for the benefit of the patients resident therein.

Since our colleague's visit in August last the following numerical changes have taken place among the patient population:—

	Males.	Females.	Total.
Admitted - - - - -	26	36	62
Transferred to other care - -	—	3	3
Discharged from order - - -	22	27	49
of whom had recovered - -	11	21	32
Allowed out on trial - - -	21	20	41
of whom granted allowances -	3	3	6
Died - - - - -	12	13	25

These changes leave on the books the names of 362 male and 518 female patients, a total of 880. Four men and 2 women are now out on trial. There are therefore 874 patients in residence. During last year the average number in residence was 880—362 men and 518 women. The total accommodation as returned to us is for 547 males and 638 females by day and for 492 males and 519 females by night. These, however, should be divided up between the main building and Herrison House as follows: Main building, day accommodation, 403 for males, 459 for females; night accommodation, 429 for males and 440 for females. Herrison House: 144 and 179 day accommodation respectively, and 63 and 79 night accommodation. The hospital is therefore practically full on the female side as regards the county rate-aided patients, and a scheme is under consideration whereby the north male block would be handed over to the female side and the old recreation hall, with a new dormitory built out in front of it, would be utilized for male patients. This would give about 65 extra places for women and 35 for men. There are 86 men and 104 women classified as private patients, 20 of the former being "Service" or "ex-Service" men. Forty-seven of the male and 66 of the female private patients are accommodated in the private block, Herrison House. There is also a private ward on either side in the main building.

Out-county patients number 2 males and 6 females. The weekly maintenance charge for the home patients is 21s. 7d. and for those of the private class 31s. 6d. upwards. The average maintenance cost as last ascertained was 23s. 2d. a week. To the best of our belief, we have seen all the patients in residence and given them an opportunity of speaking with us and stating any grievance. We saw the majority of the women in the ward gardens and found them generally very contented and free from complaint. The men were in their day rooms preparing to have their tea meal. They were exceptionally quiet and contented. The dress of both sexes of the county patients was tidy and their personal appearance satisfactory. Several of them wear their own outer clothing.

Two male wards are administered on the open-door principle, and 84 men and 3 women are allowed on parole beyond the estate boundaries.

The arrears of redecoration are gradually being overtaken, both in the main building and at Herrison. The ladies' side at the latter is nearly completed, and presents a very bright and pleasing appearance. The day rooms and galleries in the main building are cleanly and tidily kept, but we thought that there was a lack of plants and flowers on the female side, and also of books. The revised notices as to correspondence and visits have not been put up.

The reorganisation of the heating and domestic hot water supply is under consideration, as well as the reconstruction of the main kitchen.

From the annual returns furnished to our Board we find that attendance at the Church of England services and weekly entertainments is below the percentage of mental hospitals generally, and the average number of patients employed is somewhat below the general percentage.

Since the last visit an instructress from the Occupation Therapy Association has given a course to patients and staff, and one member of the female staff is now holding classes both at Herrison House and in the main building on the female sides. Yesterday we saw one class in progress at the former building, when raffia work, rush basket work, rug-making and such like were being done. It is to be hoped that a male member of the staff will be instructed so as to carry on the work on the male side.

The general health has been good, and there has been an entire absence of epidemic disease of any kind. There are now only 6 patients, all females, suffering from tuberculosis, and one case clinically resembling dysentery, but giving atypical results in the laboratory. This case is still under examination.

The mortality rate for the year ended December 31st, 1927, was the satisfactorily low one of 6.47, calculated on the average number daily resident, or 4.97 per cent. for the males and 7.52 per cent. for the females.

Since the hospital was last visited there have been 25 deaths—12 males and 13 females—all due to natural causes, and in which, with 3 exceptions, the causes of death were verified by post-mortem examinations, or 92 per cent. The principal causes of death were pneumonia (6), heart disease (5), cerebral hæmorrhage (3), cancer (3), and general paralysis (2). There was no death from tuberculosis, and in this relation it should be observed that the new cases of tuberculosis notified during the year 1927 per 1,000 of population were only 3.4, as compared with 9.1 per 1,000 for all mental hospitals.

No inquest was held during the year, and of serious but non-fatal casualties there were only 4, all female patients, of which 3 were due to accidental falls and one occasioned during a struggle with her nurse, whom she attacked, injuring her own elbow.

The clinical work carried out in the wards by the medical staff, carefully checked and guided by laboratory investigation and research, is of a high order, and we have been thoroughly satisfied that the patients are well and carefully nursed and most kindly treated.

We were especially interested in the well-equipped laboratory, in which valuable researches are being carried out, in addition to the large volume

of routine investigations of urine, blood, cerebro-spinal fluid, and the usual bacteriological and pathological examinations. In all, over 1,100 investigations have been carried out by Dr. Bedford and Dr. Fleming, deputy superintendent and pathologist. The special investigations have included a search for typhoid "carriers," with, we are glad to hear, negative results, no new "carriers" having been detected, though the original five "carriers" still remain in residence. Other special methodical examinations of blood, cerebro-spinal fluid and excreta of scientific value and practical bearing have been conducted by Dr. Fleming, Dr. O'Reilly and Dr. Robertson, the assistant medical officers.

One female patient has been mechanically restrained by means of a glove on her left hand to prevent her removing a splint on her right arm, for a period of 32 days, but the entry of such restraint has not been entered in the register in accordance with the statutory provisions. Two women have been secluded for a total of $11\frac{1}{3}$ hours.

The nursing staff is composed of:—

	Males.	Females.	Total.
Charge - - - - -	10	14	24
Ordinary - - - - -	44	68	112
Night - - - - -	7	11	18
Certificated or registered - -	35	20	55
Passed preliminary examination	7	13	20

We found on duty in the wards 30 male and 55 female nurses.

Durham County Mental Hospital.

January 28th, 1928.

The two Commissioners who visited this hospital in June of last year made a very full report and commented upon various matters, some of considerable, others of minor importance, in connection with the amenities of the institution and the provisions made for the care and treatment of the patients. At that visit Dr. May was unavoidably absent; we fortunately have had the advantage of his presence and assistance during our present inspection, and have been able to discuss the whole situation with him.

We are glad to know that an endeavour has been made to improve the male wards at Winterton; there are more plants and new seats are being provided; letter-boxes have been placed in all the wards at this branch of the institution; the American cloth is being removed from the dining tables at the main building, which are being enamelled; the condition of the receiving room at the mortuary has been greatly improved, and when some further additions have been made it will be quite suitable for its purpose. The laundry ventilation has been dealt with, asbestos screens have been placed around the ironing stove, and we hope that the equipment will be in due course modernized by, amongst other things, the introduction of a new cullender and electric irons; all these are to the good, and we are glad to note them. In one of the gardens on the female side a new shelter has been erected and another is in course of construction.

In this connection, however, we are in accord with the remarks in the last report to the effect that in some cases the patients do not have sufficient open-air exercise, and owing, we think, to a shortage of staff. This is, we think, distinctly noticeable in some of the male wards, and should be remedied, and we feel satisfied the Committee will not allow any lack of staff to interfere with so important a matter as the due and regular exercise of the patients.

We would draw attention also to an admitted lack of w.c. accommodation in some wards, and would, as an example, mention F4, where for 44 patients there are only 2 w.c.'s, and F3, where for 68 patients there are but 4 w.c.'s.

We find, also, that only one daily paper is issued in each ward—surely an evident defect, and the issue should be increased.

A washing basin should be fixed in connection with the kitchen at Winterton, where the cook should insist that any patients working in the kitchen should wash their hands before being permitted to handle any article of food or the utensils in which the food is prepared.

The dormitories at Winterton infirmary ward have only open fire places, and fires are not, as they should be, lighted so as to warm the rooms prior to the patients—who are of feeble type—going to bed.

We think we may say that the outstanding defect at this hospital is the overcrowding and the want of proper means for the reception and the treatment of new and recoverable cases.

We know that there have been, and possibly are, financial difficulties, but we are pleased to see that the old and disused infirmary at Winterton is in course of demolition, and that foundations are being dug for the erection of a new female block for 50 patients of a trusted and parole type, and that a small clinical laboratory is included in the plans.

At present there are two wards at the main building used for phthisical patients, M21 and F19, which have respectively 48 beds. As there are only 24 patients in the female ward and 12 in the male suffering from this infection, there is a waste of space, and it is found necessary to use the wards for other patients as well.

These wards were originally intended for working parole patients, and if they could revert to their original use and a small block was built for the segregation of phthisical patients it would be of the greatest assistance, as well as add to the accommodation, which is evidently inadequate, as according to the returns given to us there is in the day space an excess of 97 males and 135 women.

We are satisfied that Dr. May takes a very active interest in the administration of the hospital and in the well-being, comfort and treatment of those under his care, but until an admission hospital with convalescent villas are added to the institution this hospital cannot take its place as one where facilities for the care and treatment of new cases and of those who are considered as recoverable can be properly dealt with upon modern and approved lines. We believe the Committee would like to see this hospital equipped with every facility for the treatment of mental disease as best it can be, and we hope that they may see their way to give due and practical consideration to the suggestions and observations we have made.

The percentage of those patients who are employed is low, but we were interested in seeing a new industry in process to-day, viz., the making of artificial stone, which we are told is durable, the cost of which is said to be moderate and which, with a view amongst other reasons to effect a saving in the erection of the new block, it is proposed to make use of as a facing material for the building.

Since June 13th, 1927, there have been 251 admissions, and consequent upon the changes which have taken place there are on the books 815 males and 762 females; amongst the latter are 14 girls, who, with 15 boys, are accommodated in the children's block, and where we found them being well and suitably cared for and receiving drilling exercise, as well as being instructed, according to their capacities, in mat making, raffia work and other simple occupations.

Those patients dealt with under s. 79 of the Lunacy Act number 15 and those allowed on trial 31, and, as we observe that to no one has a money allowance been granted, we trust that careful consideration is always given to this important matter—so important and often so helpful at a critical stage in a patient's life.

The private patients number 100, including 84 "Service" patients. There are 15 out-county patients. There are 3 patients on trial, leaving in residence 814 males and 760 females.

Those to whom full parole beyond the estate is granted are 82—males 59, females 23—and to 51 men and 11 women a more limited freedom is allowed within the grounds.

The home maintenance rate is 22s. 2d. per week, and that for private patients from 22s. 2d. to 35s.

But one patient has been mechanically restrained, to prevent self-injury and mutilation.

The staff of nurses is:—

Charge male nurses -	-	26	Charge female nurses	-	14
Ordinary -	-	90	Ordinary -	-	84

for day and 15 and 23 respectively for night duty.

There are 49 male and 20 female nurses who are certificated or registered as mental nurses, and the matron, who has not long since been appointed, is doubly trained.

Last year our colleagues commented upon the somewhat high death rate for the year ended December 31st, 1926, viz., 10·6 per cent., especially among the male patients, where it was 12·5 per cent. This year we notice that the death rate for the following year just concluded is still higher, viz., 11·9 per cent., or 14·19 per cent. among the male and 9·56 per cent. among the female patients. In the tabulated causes of death, however, there is nothing outstanding to account for this, apart from a high number of deaths from general paralysis and from tuberculosis. With regard to the former we are glad to hear that as soon as the facilities are provided the treatment by induced malaria of patients suffering from general paralysis will be introduced. As to tuberculosis, our colleagues pointed out last year that, in the hospital, the proportion of new cases of this disease notified per 1,000 of population was 14·8, as compared with 9·7 for all mental hospitals, and deaths per 1,000 18·8, as compared with 8·0 for all mental hospitals. Statistics are not available as yet for the estimation of the comparative rates to-day, but the number of patients resident and suffering from tuberculosis—68, or 34 of each sex—at once raises the need for separate and improved provision for these cases, aided and checked by the result of laboratory examination and research. The above relationship between overcrowding and high incidence and mortality rates from tuberculosis should not be overlooked.

Except for tuberculosis and a serious epidemic of small-pox, the general health appears to have been good during the period under review; no cases of dysentery or enteric fever have occurred among the patients, and influenza, largely prevalent elsewhere, attacked only 9 female patients.

The epidemic of small-pox, which disease, we understand, has been more or less continuously prevalent in the county for some years, began in the first week in August, when a male patient resident by day in ward 10, but sleeping by night in ward 16, was discovered to have this disease. The patient was at once isolated and steps were initiated for the vaccination of contacts. Nevertheless, by the time all the patients and staff had been protected, involving the vaccination of about 2,000 persons, no less than 23 male patients had contracted the disease.

Fortunately it was mild in character, the course in none ending fatally, and owing to the steps taken by the medical staff the epidemic was limited to the male side. But we cannot forbear from pointing out the serious handicap to effective discovery of contacts and protection of all the inmates from this or any other infectious disease imposed by serious shortage of day accommodation and the consequent close mingling in one ward by day of patients accommodated by night in other wards.

Turning to the causes of death, there have been in all 109 deaths since the hospital was last visited, e.g., 64 male and 45 female patients.

General paralysis accounted for 14, pneumonia for 18, heart disease for 10, kidney disease for 13, tuberculosis for 14, arterio sclerosis for 19, cerebral hæmorrhage for 7, and in the remainder deaths were due to various diseases, none of which calls for special mention.

Only one inquest was held, the verdict being in accordance with the medical evidence, viz., death from acute endocarditis. All deaths were thus due to natural causes.

Only 7 casualties (6 male) involving fracture of bone, and all accidentally sustained or caused by struggles with other patients, have occurred.

Considering the overcrowding present, this reflects creditably on the nursing staff. We found the wards and dormitories well kept and the patients, who appeared to be duly and well cared for, including those confined to bed, who were all properly nursed, were free from any complaint, other than the usual requests which we receive at these visits from some for discharge.

The dinner yesterday—boiled and baked fish—was not a favourite one—it seldom is in our experience—but fried fish, which would entail the adding to the kitchen equipment of a fish frier, is found to be popular.

The diet is not so liberal as in many other mental hospitals, and we suggest that the dinners have additional days when puddings are served, and that extras for tea be increased from one to 4 days or more each week.

Dr. May, who administers the hospital with zeal and ability, has the assistance of Dr. Race, deputy superintendent, Dr. F. D. MacGilp, Dr. D. E. Hearn and Dr. E. P. Boyle.

Essex and Colchester Mental Hospitals.—1. Brentwood.

December 13th, 1928.

Since the visit paid by my colleagues 13 months ago a considerable amount of external and internal painting has been carried out, and among the improvements may be mentioned the erection of a new cow shed, the installation of a fish fryer and a double compartment washing machine, the extension of the radiator system in ward F5, and the arrangement of a new dormitory in the D block dining-room.

Works now in progress include the commencement of the new nurses' home, the laying the outside cables for the electric lighting, and the demolition of the boundary wall and the erection of railings round the garden of F7 ward.

The specification for the internal electric wiring is in course of being prepared, and plans are being considered for the erection of a new laundry to replace the very inconvenient building now in use. When this latter work is carried out it is hoped that the present building will be able to be altered and to be converted into much-needed additional rooms for needle-work and other occupations.

During yesterday and to-day I inspected the hospital and, to the best of my belief, I saw all the patients now in residence. As the result of my visit I can report most favourably of the condition in which I found the hospital and of the kindly way in which the patients are treated and looked after.

Owing to the most inclement weather the great majority of the patients were confined to their rooms, but, except for some mild excitement in one of the female wards, they were quiet and orderly in behaviour, and a number spoke with gratitude of the kindness with which they had been treated.

The day rooms, dormitories and their annexes were well kept, and the day rooms were well supplied with books and games.

The lavatory accommodation is old-fashioned, but much care is taken in providing separate towels and hair brushes for the majority of the patients, and tooth brushes are issued to all who can be induced to use them.

The patients were well and tidily dressed, presenting a pleasing appearance, and, in the better wards, any who wish to do so can be supplied with a full outfit of clothing, which they can keep for their sole use. Those whose

friends can supply them with clothing are allowed to wear their own garments.

On the male side physical drill is taken by one of the male nurses, but this has not yet been started for the women. I hope a commencement will be made on the female side before long, and that a proper drilling costume may be supplied for them, as, without doubt, this form of exercise, possibly combined with organised dancing, must be of great benefit to all who are capable of undergoing it.

I saw a good dinner served in the wards, consisting of meat and vegetables and followed by a fig pudding. The dinner was served hot and the plates were well warmed.

The amusements of the patients are well catered for in this hospital, and patients of both sexes are taken for regular walks and shopping parties, but as yet a canteen has not been arranged where they can buy small articles of food, etc. The provision of such a shop has proved to be of great advantage in other hospitals, and I hope the Committee will consider its provision here. I saw some 40 women doing excellent work in the occupation room, and was glad to hear that they are all patients who otherwise would not be employed. I hope this work will gradually be extended to other rooms and to the wards, and that a number of nurses will be induced to take up the work and assist in the teaching.

I understand that as a whole the patients have enjoyed good health, but unfortunately in March and April last there was a sudden outbreak of dysentery on the female side, when some 44 patients were attacked. The epidemic, which was confirmed by laboratory examinations, was to a great extent confined to two wards where able-bodied patients are accommodated, and, though severe, in no case ended fatally. Since then all affected patients have been, as far as possible, segregated from others, and, though there have been a few further cases in other wards, it is thought that the infection has been wiped out. Apart from this and from 2 cases of diphtheria, one in a member of the female staff, there has been no infectious disease in the hospital.

The sick patients appeared to be receiving careful nursing in the infirmary wards and on their verandahs. These wards are well equipped for their purpose, and I was glad to note the excellent supply of hot bottles and bed tables; every bed patient, whether in these or other wards, is also supplied with a bedside locker for their clothes, and in many instances with a washstand. The care which is taken over these and other small matters affecting the comfort of the patients is most noteworthy.

The absence of facilities for the treatment by hydro-therapy and of clinical rooms for all wards, to which attention was drawn in the last report, has not been remedied, but it is hoped to do so when an admission hospital and the nurses' home have been erected.

Inquests have been held by the coroner concerning 7 of the 166 deaths, but the circumstances of these were reported to my Board at the time and they call for no special mention here. The remaining deaths were due to natural causes, and it is satisfactory that of the 166 deaths the cause was verified by post-mortem examinations in 128 instances.

The death rate for 1927 was 8.1 per cent. for the two sexes, that for males being 10.7 per cent. and that for women being 6.2 per cent. This rate is higher than that for 1926, and this is due, I understand, to the fact that a number of patients have been admitted in a poor state of health and have died shortly afterwards.

The changes amongst the patients since the last visit have left on the books the names of 1,750 patients—672 men and 1,078 women—and all were in residence, except 6 men and 7 women, who were away on trial, and one man, a criminal patient, who was absent without leave.

Out-county patients number 168, 49 males and 119 females; 134, 22 male and 112 female, being chargeable to East Ham, 25 to West Ham, and the remaining 9 to other unions.

The whole question of the future accommodation to be provided at this hospital is now under consideration and cannot be discussed here, and it is therefore only necessary to mention that, though there are vacancies by night for 38 men and by day for 18 women, there is overcrowding by day by 40 men and by night by 63 women; so far, the discrepancy shown in the day and night accommodation has not been rectified.

The maintenance charges are 23s. 4d. for home and 27s. 1d. to 29s. 4d. for private patients.

Trial is freely used to ascertain the possibility of allowing patients to live at home, whether fully recovered or not, but out of the 187 patients so tried money allowances were only given in 16 instances. I hope the Committee will not hesitate to give the allowance in any case where it can be of the slightest use in helping a discharged patient to tide over a difficult period.

Parole is largely used, and 434 patients—217 men and 217 women—are allowed this privilege inside the grounds, and 53 men and 6 women beyond the hospital estate.

On the male side 5 wards, and on the female side 4, are administered on the open-door principle.

The staff consists of 88 male and 127 female nurses for day, and of 17 male and 32 female nurses for night duty. Of the men 58, and of the women 36, are certificated or registered as mental nurses, and 20 of the former and 41 of the latter have passed the preliminary examination for the certificate.

Dr. Masefield has the assistance of Dr. Slater, Dr. Power, Dr. Pearce and Dr. Sinclair, but so far the Committee have not agreed to the appointment of a fifth assistant, though the need of such an appointment has been pointed out to them. They have agreed, however, to the appointment of a skilled pathologist for the work here and at Severalls, and the appointment will be made in a few days' time. The equipment of the laboratory will be undertaken as soon as the pathologist takes up his duties.

Essex and Colchester Mental Hospitals.—2. Severalls, Colchester.

November 8th, 1928.

As the result of my inspection of this large hospital during yesterday and to-day, I can report most favourably on the general administration and on the careful and kindly manner with which the patients are treated.

Since the last visit in March, 1927, a number of alterations and improvements have been carried out, including the completion of the home for night nurses; the erection of new machinery in the laundry; the conversion of ward W female into two wards, with the addition of a verandah and increased bath and lavatory accommodation; the formation of a new day and store room in male wards 2 and 8, with increased lavatories and w.c.'s; and the completion of the new annexe to the female admission hospital. This annexe has now been in use for some time, and it has proved to be of the utmost value for the treatment of noisy, restless, acute patients apart from others. The large, airy single bedrooms opening directly on to a verandah, and the additional verandah on the north side for use in hot weather make the annexe most suitable for its purpose, and it is to be hoped that Dr. Turnbull will be able to obtain the consent of the Committee to the erection of a similar building as an annexe to the hospital on the male side.

A room for the treatment by ultra-violet rays will, it is hoped, be added before long.

I was much interested in seeing a physical drill class of some 30 female patients, all of whom were dressed in proper drilling costume, and in hearing that classes are also held for the nurses, who show much keenness in this development. I am sure that the good that can be done by all forms of physical exercises, dancing, etc., for both men and women cannot

be overestimated, and I hope the movement will gradually spread and be used for many patients of both sexes.

Industrial work in varied occupations is also being increasingly carried on in three rooms on the female and one on the male side, as well as in the wards, and one instructress assisted by three females and one male nurse are continuously employed in teaching the patients. This again is in every way excellent.

The wards and their annexes were bright, cheerful and well kept, and the books and other amusements provided for the patients appeared to be ample in quantity.

The patients themselves were well and tidily clothed, were generally very contented and free from complaint, and were most quiet and orderly in their behaviour. I thought the dining rooms in the wards would be much improved if the large tables could be divided into two to form small tables, and no doubt this will receive consideration as opportunity occurs.

I saw a good dinner being served in some of the wards and being enjoyed by the patients, and I was particularly struck by the dainty way in which the tables were set out and decorated with flowers.

The changes amongst the patients since the last visit leave on the books the names of 1,767 patients—730 men and 1,037 women—and all were in residence and, I believe, seen by me except 7 women, who were **away on trial**. Of this number 157—80 men and 77 women—are classed as private patients, 64 of the former being “Service” or “ex-Service” patients, and 297—81 men and 216 women—are chargeable to out-county unions. Of these 4 men and 58 women are chargeable to East Ham and 71 men and 148 women to Southend, the remainder being single patients chargeable to various unions.

As the hospital accommodation provides for 708 males and 976 females by day, and for 755 males and 1,023 females by night, it appears that the day space is overcrowded by 22 men and 54 women, and the night space shows vacancies for 25 men, but a shortage for 7 women. As, however, some variations in the day and night space have been made recently, the actual condition of things cannot be stated with certainty until the remeasurements are made.

The maintenance charges are £1 3s. 4d. for home and from 30s. to 100s. a week for private patients. Unfortunately, during the period under review, there has been a serious outbreak of enteric fever in the hospital, 54 female and 29 male patients being attacked, with fatal results in 23 instances. The majority of the cases occurred in August and September of this year, and it is not quite certain that the epidemic has as yet been completely wiped out. This has caused great anxiety to the Committee and to Dr. Turnbull and his staff, and most careful investigations have been held to find out the origin of the outbreak. One of my Board's inspectors and the medical officer of health joined in these investigations, and it is hoped that the origin has been discovered. Apart from this, the health of the patients has been good.

The sick patients appeared to be receiving most careful nursing in the infirmary wards and on their verandahs, and I was interested to see the shelters for single patients of a restless type, which are in use in the gardens attached to the private patients' block and the two hospital villas.

In the infirmary wards I thought there should be an increase in the number of hot bottles and bed tables for the patients' use.

The only clinical rooms provided are in the two hospital wards, but opportunity for arranging others, in the infirmaries and other wards, may come when the suggested additions to the nurses' home are carried out.

The medical treatment appeared to be of a high order, and excellent work, both as an aid to diagnosis and treatment, and in other ways, is carried on in the laboratory. On each side of the building, also, massage is given by a trained member of the staff to suitable cases.

Three inquests have been held concerning deaths which were complicated by accidents, but otherwise all the 217 deaths were due to natural causes, which in 196 instances were verified by post-mortem examinations.

The death rate for 1927 was 7.5 per cent. for the two sexes, that for males being 5.06 and that for females 9.33.

The nursing staff consists of 92 male and 137 female nurses for day and of 19 male and 27 female nurses for night duty. Of the men 88, and of the women 47, are certificated or registered as mental nurses, and 19 of the former and 21 of the latter have passed the preliminary examination for the certificate.

Dr. Turnbull has the assistance of Col. Kiddle, C.M.G., Dr. Duncan, Dr. Marjorie Sanders, Dr. Norah Haworth and Dr. Moulson.

Glamorgan Mental Hospital.

June 21st, 1928.

We have finished to-day the annual inspection of all branches and departments of this mental hospital, and can report generally that we have found the institution well maintained structurally and in a good state of decorative repair, and the patients in receipt of due care and attention.

Since our colleagues' visit eleven months ago the following numerical changes have taken place:—

	Males.	Females.	Total.
Admitted - - - - -	181	175	356
Transferred to other care - -	4	1	5
Discharged from order - -	69	61	130
of whom had recovered - -	45	38	83
of whom dealt with under s. 79	4	8	12
Allowed out on trial - - -	42	38	80
of whom granted allowances -	14	—	14
Died - - - - -	91	58	149

These changes leave on the books the names of 1,977 patients, in the proportion of 1,111 males to 866 females. One hundred and forty-four are classified as private patients—119 men and 25 women; of the former sex 107 are “Service” or “ex-Service” men. Out-county patients number 117—24 men and 93 women, the majority of whom—23 men and 90 women—being received under a reception contract with the Borough of Swansea, but notice has been given to that Corporation to remove their male patients.

The weekly maintenance charge for the home patients is 22s. 9d., that for the private patients from that sum to 37s. 4d.

The total accommodation in the hospital calculated according to space allowance prescribed by our Board is:—

	Males.	Females.	Total.
At Angelton, Day - - -	440	167	607
Night - - - - -	518	262	780
At Parc Gwyllt, Day - - -	476	578	1,054
Night - - - - -	469	573	1,042

The numbers of patients actually in residence at the present time—6 men and 4 women being out on trial—are:—

	Males.	Females.	Total.
At Angelton - - - - -	556	264	820
At Parc Gwyllt - - - - -	549	598	1,147
	1,105	862	1,967

There is still, therefore, considerable overcrowding on both sides, and we very much regret to learn the proposed extensions at Angelton, comprising an admission hospital, convalescent home, and nurses' home, have been postponed for financial reasons, at any rate for the present financial year. Our Board were informed at the end of March that it was proposed to proceed with the erection of two houses for medical officers, the cost of which could be met out of funds in hand in the building and repair fund. We hope no time will be lost in making a start with these houses, as we consider that the conditions under which the married members of the medical staff are residing should not be allowed to continue.

Before proceeding further with our entry, we desire to express our regret that, despite the size and importance of this hospital, and the fact that at both Angelton and Parc Gwyllt a room is set apart as a laboratory, the institution is in actual fact still without a laboratory, for neither the equipment and condition of either of these rooms can be said to comply with even the bare essentials of a laboratory, nor can we believe that reliance could be placed upon any investigations attempted in these rooms in their present condition.

Putting aside such desirable aims as study and research, modern medicine, if its lessons are not to be ignored, demands as part of its everyday practice answers to questions which can only be given by the laboratory. Though many instances could be cited more directly related to mental illness—such as numerous cases where we should expect to find, but could not ascertain, that an examination of the blood and cerebrospinal fluid had been made—we may mention an outcrop of cases (8 women and 1 man) of diarrhoea which has occurred within the past few days at Parc Gwyllt; the associated symptoms, in at least some of them, suggest dysentery, any doubt as to which, if only for the sake of other patients, ought to be swiftly cleared up in the laboratory on the spot.

We are aware that the absence here of several important medical facilities is fully appreciated, has been sympathetically considered, and now only awaits the erection of the admission hospital for their provision; but laboratory requirements is not one of them, and we urge that this matter be put upon a proper footing as speedily as practicable. This should include the appointment of a trained laboratory assistant, whose services could be divided between Angelton and Parc Gwyllt.

To the best of our belief we have seen during the course of our visit all the patients of both sexes who are in residence. Their dress and personal tidiness were satisfactory, and their behaviour and conduct quiet and orderly. Apart from several appeals for discharge from patients, who were obviously not yet fit for it, we received no complaints of ill-usage or unkindness on the part of the staff, except in one or two instances, which on investigation we found to be groundless and due to the patient's mental condition.

Gratifying attention has been given to the dietary, which seems to us sufficient and conceived on right lines. We are particularly pleased to see that it has been found possible to substitute butter for margarine, the latter being now used only for cooking purposes, and that tinned (corned) meat is no longer used except as a stand-by in case of emergency. Strongly believing, as we do, in the value of fresh fruit, we suggest the planting of more fruit trees (apples, pears and small fruit), and that, when this is not available, the scale should include a small issue of purchased fruit (an orange, apple, or banana) once a week to each patient; we think, too, there is need for the growing of much more lettuce, etc., and were surprised to find that there has not been so far this season any general issue of salad at tea.

We were well pleased with the meals we saw yesterday and to-day in the wards and halls. It occurred to us, however, when in the dining hall at Parc Gwyllt, where the large number of 484 patients were seated, how great a convenience it would be were the kitchen provided with a steam-

heated hot-table, fitted with carving wells, and were the carving done here in advance of the assembling of the patients.

For the storing of milk for the sick dormitory and other patients at male 1 (Parc Gwyllt) some better arrangements should be devised; we found it in an open jug in the large medicine cupboard.

In the vegetable room attached to the kitchen at Parc Gwyllt the flooring was in a very bad state of repair, and pools of water standing.

The day rooms and galleries were very tidy and well kept, and generally well supplied with plants, flowers and ornaments, though in some where the more troublesome patients were these were lacking.

We understand that there are a good number of patients who can play the piano, and we suggest that music books should be supplied for these.

In male 6 at Parc Gwyllt, where the patients are allowed to sit up late, we think that a full-sized billiard table would be appreciated, and in other wards we noticed a shortage of cues for the bagatelle boards.

We were much pleased at what we saw at Glan Rhyd, where 9 male convalescent patients are accommodated. The house is very comfortable and suitable for such cases. We, however, would like to see the spring locks on the external doors replaced by ones with handles to be opened from the outside, and the doors only locked at night.

In the female general bathroom at Parc Gwyllt, and in the female ward bathrooms, where there are more than one bath, we suggest that more screens should be provided.

Cinema entertainments are given at both branches of the hospital; the apparatus at Parc Gwyllt is enclosed in a proper fireproof chamber built outside the hall. At Angelton the apparatus is a small portable one, called the Kodascope, made by the Kodak Company, and from a demonstration made to us to-day, appeared to be safely used in a hall or room without any special screening.

The grounds and ward gardens are very well kept, and those at Angelton present a most pleasing appearance. In the gardens attached to the female side at Parc Gwyllt the sanitary arrangements are very crude, and better and separate compartments should be provided.

The death rate during 1927 was 8·9 per cent., the male and female percentages being 8·2 and 9·9. Mindful of the considerable number of male cases of general paralysis admitted here (13 per cent. of the male and 3 per cent. of the female admissions in 1927), this higher death rate on the female side seems curious.

The 91 male and 58 female deaths since July 14th last, with two exceptions, have all been from natural causes, verified by post-mortem examination in 53 per cent. of the 149—a proportion which, we think, should be capable of being increased. The excepted cases were two instances of suicide, one of which was due to a wound self-inflicted before admission. In these and five other cases inquests were held.

Tuberculosis, of which there are now 13 ascertained cases among the men and 9 among the women, accounted for 17 per cent. of the male and 10 per cent. of the female deaths.

Allusion to these tuberculous cases prompts us to refer to the three solaria at Parc Gwyllt at male 1 and 7 and female 1 infirmary wards: they were oppressively hot—the exposed thermometer showed 86° F., and one which we placed in a shaded corner showed 78° F. It seemed to us anomalous that in structures such as these all the windows are blocked to prevent their opening more than a few inches. Even if these casements are made, as we hope they will be, to open to their full extent, these solaria can never take the place of verandahs in providing really open-air treatment.

We were not at all satisfied with the method of dealing with potentially infected clothing and with mattresses at Parc Gwyllt—a matter which, as well as others to which we are inviting attention, we discussed at some length with Dr. McGregor, who was with us throughout our visit on both

days. It seemed to us (1) that the fact that the steam disinfecter is at the isolation hospital and not near the laundry militates against its use, which seems to have been in abeyance for some years; (2) that there is no steeping tank fitted with live steam, and (3) that there is no carding machine and no proper means of cleaning horsehair are the principal points which, in this connection, need attention. At Angelton there is an excellent steeping tank, though its use in bad weather without an awning must be trying to the staff; here, the disinfecter is conveniently situated, but it is gas-heated, and of so old a pattern that we suggest the desirability of making definite tests of its disinfecting powers.

There have been 11 cases of either fracture or dislocation. Three occurred during altercations, the rest being the result of simple accidents. Regular use is made, we are told, of the X-ray apparatus in these and other surgical cases. This apparatus was made locally by the engineer—a highly creditable piece of work. No doubt it will be extended, and better located when the admission hospital is erected. We were disturbed to learn that the bath, situated near-by, and which used to form part of the Turkish bath, has to be used, pending the erection of a house, by one of the medical officers; it and its surroundings are altogether unsuitable.

Great and praiseworthy attention is paid here to medical statistics, and this is one of the few mental hospitals which continues to publish tabulated information upon a comprehensive scheme.

The male nursing staff, including 14 on duty each night, number 155, and the women 125, including 17 on duty by night. During our visit the number actually on duty in the male wards was 89, including 3 women nurses, and there were 60 on duty in the female wards. Of the men, the highly creditable proportion of 57 per cent. are certificated in mental nursing; the corresponding proportion of the women is 25 per cent.

Dr. Finlay has five resident medical colleagues—Dr. J. McGregor (deputy superintendent), Dr. W. Brown, Dr. T. L. Edwards (away on holiday), Dr. J. A. C. Randall and Dr. D. R. Owen, besides whom there is at present another here upon a temporary footing.

Gloucester County Mental Hospitals.

April 26th, 1928.

We have this morning completed our inspection of this institution, which we commenced yesterday, and can report very favourably on the general condition in which we found the patients and the hospital. Among the important matters in progress, we have noted with pleasure the verandah to the admission ward F2 at Coney Hill, which is approaching completion, and which will be a very valuable addition. Tenders have been accepted for the reorganization of the kitchen at Wotton and the re-equipment of this department and the one at Coney Hill will follow, where it is also proposed to dismantle the Dowson gas making plant. The remodelling of the bakery at Coney Hill, with the provision of new ovens, is to be undertaken.

We also are glad to hear that the electric mains of the Gloucester Corporation have been laid in the road past the front entrance at Wotton, and we hope that immediate steps will be taken to wire the hospital here. This is so important, because several much wanted items, which have been mentioned in previous entries, and which have the sympathy, we know, of the Committee, are awaiting the supply of electric current.

Other matters of pressing necessity which we want to place in the forefront of our remarks are (1) the urgent necessity of a nurses' home, which would relieve the defective conditions in which the nurses are at present housed, and would also set free accommodation badly wanted for patients and allow the introduction of a clinical room in each ward; (2) the general overcrowding of the institution and the discrepancy between the day and night accommodation. We look forward to the maturing of the scheme for the erection of an admission hospital and convalescent

homes, which the Committee have already in contemplation. Even if they cannot see their way to commence these forthwith, we suggest that valuable time would be saved by at once, in conjunction with our Board, fixing sites for these structures and preparing plans, all of which involve considerable amount of time, while they do not commit the Committee to any immediate expenditure of money. (3) The urgent necessity of the provision of a laboratory. This need not wait the maturing of any of the foregoing plans. We saw a room adjoining the dispensary at Coney Hill which seemed to us well suited for the purpose.

We found the day rooms and dormitories very comfortable and well kept. There was a very good supply of palms and plants, especially at Wotton, but we should like to see an extension of these at Coney Hill, especially in the admission ward on the female side. We also noticed many bird cages and canaries.

Letter boxes have been provided in every ward, but no notices as to visits and correspondence, as suggested by a recent circular from our Board, have been exhibited.

The areas of the day rooms and dormitories have been painted up, but in nearly all cases in the dormitories the cubic space has been given instead of the floor area, which would be the better unit.

Since our colleagues' visit five months ago the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	46	45	91
Transferred to other care - -	1	3	4
Discharged from order - - -	20	19	39
of whom recovered - - -	7	15	22
of whom dealt with under s. 25	1	1	2
of whom dealt with under s. 79	5	4	9
Allowed out on trial - - - -	23	19	42
of whom granted allowances -	13	1	14
Died - - - - -	15	15	30

These changes leave on the books the names of 472 men and 718 women, a total of 1,190, of whom 466 men and 714 women are now in residence, the other 10 patients being out on trial.

There are 48 men and 20 women classified as private patients, 42 of the former being of the "Service" or "ex-Service" class. Out-county patients number 4, chargeable to as many unions.

The weekly maintenance charge is 22s. 9d. per head for the county patients and 26s. and 33s. for those of the private class.

The average weekly maintenance cost as last ascertained was 23s. 0½d.

As stated above, there is considerable discrepancy between the day and night accommodation in both hospitals. Taken together, the day accommodation is for 351 men and 643 women, whilst the night accommodation is for 494 men and 731 women. There is therefore much overcrowding by day and only vacancies for 22 men and 13 women by night.

The average number of patients in residence last year was 455 men and 705 women—a total of 1,160, or 20 less than at the present time.

We found the patients generally very contented, and quiet and orderly in their behaviour. Their dress and personal appearance were on the whole satisfactory, but among the women of the more demented type there were several with long, dishevelled hair, and we thought it would be better if their hair were cut short. Permission to do this could nowadays be easily obtained from their friends and relatives.

Parole is but meagrely employed here, and is practically limited to 10 men, who are allowed to walk out beyond the grounds unattended. Its influence in encouraging patients to engage in useful occupations, in reducing sense of restraint, and in producing general contentment is—in the experience of the Commissioners—so great that we urge, by way

of making a start in extending this valuable practice, that two wards (one at Wotton and one at Coney Hill) be strictly classified to contain none but trustworthy and industrious patients, to whom be given the privilege of strolling about the grounds in spare time. The selection of these two wards should include easy access to the grounds, and the locks on the doors giving entrance and exit should be such that both wards can be administered during the day-time on the open-door principle.

Reference to encouragement of occupation invites comment on the very small number of patients employed in the two main kitchens and in the laundries. Thus in the laundry at Wotton there were nearly as many staff (7) as female patients (11), and we saw staff doing the kind of work that patients can do quite well and benefit by doing; at Coney Hill there were 8 staff and 12 patients. Relying on the experience of other mental hospitals, we should expect to see between 60 and 70 women patients employed at laundry work. In the kitchen at Coney Hill there were 7 staff with only 12 patients, while at Wotton the staff (including two off duty) actually were more than double the number of patients employed there. It is indeed noteworthy that in all only 41 per cent. of the total women patients are employed, and that, of the 291 recorded as usefully employed, as many as 46 per cent. merely assist in the wards. These figures and the many unemployed women we saw, who were not physically unable, prompt us to suggest the appointment of a woman occupation instructor experienced in teaching arts and crafts, etc.

The death rate during 1927 was 8.2 per cent., the male and female percentages being 9.2 and 7.6. These proportions are somewhat higher than the averages at all mental hospitals.

An inquest was held during our visit upon a woman in whose case it was considered that an accidentally sustained fracture of the forearm may have accelerated her death from a condition of pyæmia from which she was suffering. Otherwise all the deaths during the period under review—15 of each sex—were from natural causes, which in a trifle over 50 per cent. were verified by post-mortem examination. Two other cases of fracture of the arm, in each instance caused by accidental falls, are the only other serious casualties that have occurred.

Cases of infective disorders have been almost negligible in number—one of erysipelas, one of enteric fever last December, and an apparently very small incidence of tuberculosis. Of this latter disease, only one case (a male) appears among the deaths, and the number at present in the hospital is believed to be 4 on the male and 7 on the female side.

As to the cases under treatment in bed, we were well satisfied with the care and attention of which they are in receipt. Without detailing certain medical facilities, the lack of which is well known, and which we assume it is intended to make good, we thought that the ventilation of many of the day rooms and dormitories, especially of those of the latter which are used for sick-nursing, could be greatly improved by the unstopping of the upper sashes and by the use for protection (where necessary) of wire netting.

The ward gardens are all tidy and well kept; some of them struck us as distinctly attractive, but we thought that, with respect to those which are considerably walled in, they could be greatly improved were ampelopsis, ivy, or other creepers planted more or less to cover the walls. An exception, however, to the pleasing appearance of most of the gardens is the paved court of ward 5 at Coney Hill, to improve which we much hope something can be done.

Something was said to us as to a proposal to recommence admitting female new cases to Wotton, so as to equalise the numbers here and at Coney Hill. We greatly hope this course will not be adopted. It seems to us such an easy matter to transfer cases as and when required between the two places—to facilitate which we again suggest how valuable would prove a motor convertible ambulance, capable of being used as such when required, but also for various other purposes, all of which would assist in

gradually administering both places as one hospital. Indeed, and in this connection, we wondered if male ward 2 at Coney Hill could not be used as the male admission ward pending the provision of an admission hospital.

The dietary on the whole appears to be very good, and we were pleased to see that no condensed milk is used. A regular supply of fresh fruit is included and given at tea-time. We noticed with pleasure the new crockery which is replacing the old kind.

The present nursing staff is:—

	Males.	Females.	Total.
Charge - - - - -	13	13	26
Second - - - - -	12	15	27
Ordinary - - - - -	49	70	119
Night - - - - -	8	17	25
Certificated or registered - -	16	9	25
Passed preliminary examination-	18	19	37

We found on duty during our visit 47 male and 59 women nurses.

As resident medical colleagues Dr. Marnan has the assistance of Dr. T. C. Smith (deputy superintendent), who, with Dr. G. M. Westwood, resides at Coney Hill; Dr. J. Conway, the senior assistant at Wotton, with whom is associated Dr. J. P. Synott. Dr. D. Fleck is at present acting in a temporary capacity during Dr. Conway's absence on sick leave.

Hants Mental Hospitals.—1. Knowle, Fareham.

February 21st, 1928.

We have to-day made the annual inspection of this institution on behalf of our Board, and can report that it continues to be well administered and maintained under Dr. Jackson's superintendency.

Since our colleagues' visit eleven month ago the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	83	94	177
Transferred to other care - -	3	2	5
Discharged from order - -	35	33	68
of whom had recovered - -	24	23	47
of whom dealt with under s. 79	1	8	9
Allowed out on trial - - -	16	23	39
of whom granted allowances -	5	2	7
Died - - - - -	41	31	72

These changes leave on the statutory books the names of 1,059 patients, in the proportion of 482 males to 577 females. Of the former sex, 42 are classified as private patients, 39 being of the "Service" or "ex-Service" class and 3 being of the criminal class. There are 6 out-county patients, 3 of each sex, chargeable to as many unions.

Three women are now out on trial, and the remainder who are in residence have all to the best of our belief been seen by us and given an opportunity of speaking with us.

The average number of patients in residence during last year was 480 males and 549 females, a total of 1,029.

The accommodation as returned to us is for 630 males and 611 females by day and for 490 males and 580 females by night. The large discrepancy between day and night accommodation, especially on the male side, is due to the inclusion in the day space of the wide corridors. Taking the night accommodation into consideration, the hospital is practically full, there being but 8 vacancies for males and 3 for females.

The maintenance charge for the county patients is 20s. 5d. a week, for those of the criminal class 30s. 4d., and for the "Service" and "ex-Service" men 24s. 2d. The average weekly maintenance cost as last ascertained was 22s. 1d.

We found the patients generally very well behaved, contented, and free from complaints other than on the ground of detention, but the appeals for discharge were not unduly numerous. We noticed that there were a considerable number of senile demented cases on both sides, which we think could be appropriately treated in Poor Law Institutions, provided there was a somewhat increased staff in such places, and we hope the Committee will use their powers under s. 25 to deal with some of such cases.

The dress and personal appearance of the patients were satisfactory, and we were glad to learn that they are allowed to wear their own outer clothing. Night shirts have now been provided for the male patients.

The dormitories and single rooms were tidy and cleanly kept, but we noticed that there is a large proportion of bedsteads of an old type, and we hope that they will be replaced by more modern ones.

In the children's block we could not learn that anything is being done in the way of teaching them, such as musical drill, marching and such like, which would improve the habits and behaviour of even the worst type.

The day rooms and galleries were tidy and well kept, but we thought that there was a shortage of flowers and plants, and this was especially noticeable in the detached blocks.

The redecoration of the wards is being carried on, but there are still a large amount of arrears in this work to overtake. The children's block is in the hands of the decorators at the present time.

In male block 1, where the elder boys are warded, a bathroom with 2 baths, a ward store, cloak room and slop sink have been provided, besides the redecoration of the whole ward.

Four male and two female wards are administered on the open-door principle. Parole beyond the estate is given to 27 men, and within the boundaries to 65 men.

There has been no use of mechanical restraint, whilst 2 men and 3 women only have been secluded for short periods, each amounting to 22 $\frac{3}{4}$ hours in all.

The general health appears to have been good during the eleven months under review, and during this time there has been no recurrence of disease of an epidemic nature; the isolation of 7 female "carriers" of enteric appears to have been quite successful, and it is pleasing to record the fact that there has been no case of dysentery since the end of the year 1924.

There are at present only 7 cases of tuberculosis under treatment in the hospital.

During the year ended December 31st last the death rate calculated on the average number daily resident was 7.58 per cent., or 9.58 per cent. among the male and 5.82 per cent. among the female patients.

Since the last visit of members of our Board 41 male and 31 female patients have died, all with two exceptions from natural causes. In one of these excepted cases the patient, who was out on parole with his wife and was not regarded as suicidal, contrived to purchase a bottle of carbolic acid, which he subsequently drank, and the other patient, also a male, was accidentally killed by a train whilst walking on the line when on parole. In both of these cases, and in the death of another male patient who died from natural causes, coroners' inquests were held. Of the total 72 deaths, the causes of death were verified by post-mortem examination in 51. The principal causes of death were: heart disease in 26, tuberculosis in 13, general paralysis in 7, kidney disease in 6, organic brain disease in 5, pneumonia in 4, epilepsy in 3, and in the small remainder to various diseases not calling for special mention.

The considerable number of deaths from tuberculosis, as compared with the previous year or two, when these were unusually low, and also the fact that during the year 1927 the proportion of new cases of tuberculosis notified per 1,000 of population was 17·5, as compared with 9·1 for all mental hospitals, was probably due to the deaths of a certain number of patients who had formerly suffered from the disease, and in whom the arrested tuberculosis process lit up again in the final phase of their mental illness.

We are satisfied that the combating of tuberculosis has long engaged the special attention of the medical superintendent, and that by its early detection, now facilitated by a well-equipped laboratory, special and open-air treatment, and appropriate diet, including unlimited fresh milk, everything possible is being done.

There have only been two serious, but non-fatal, casualties, both accidentally sustained, since our colleagues' last visit.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charges - - - - -	10	9	19
Ordinary - - - - -	68	60	128
Night - - - - -	14	13	27
Certificated or registered - -	37	15	52
Passed preliminary examination	5	9	14

We found on duty during our tour of the wards 50 male and 53 female nurses.

Dr. Jackson has the assistance of a thoroughly competent medical staff, whose careful work we were pleased to observe during our visit to the hospital wards.

Hants Mental Hospitals.—2. Park Prewett, Basingstoke.

November 1st, 1928.

Since our colleagues' visit nearly 20 months ago there has been a change in the medical superintendence of this institution. Dr. R. F. B. Bowes, who had been superintendent since the opening of the institution as a mental hospital in 1921, tendered his resignation owing to ill-health in November last year, and the vacancy was filled by the appointment of Dr. V. Lindley Connolly, who had been the deputy medical superintendent of the London County Council Mental Hospital at West Park. He commenced his duties here on March 1st this year, and from what we have seen during the course of our visit yesterday and to-day it is evident that it is his desire to continue the development of this important hospital on modern lines.

Since our colleagues' visit in March of last year the following numerical changes have taken place:—

	Males.	Females.	Total.
Admitted - - - - -	199	257	456
Transferred to other care - -	44	38	82
Discharged from reception order	64	98	162
of whom had recovered - -	43	51	94
of whom dealt with under s. 25	1	—	1
of whom dealt with under s. 79	11	34	45
Allowed out on trial - - -	23	24	47
of whom granted allowances -	7	4	11
Died - - - - -	72	71	143

There are now on the books the names of 572 men and 746 women, a total of 1,318 patients, and with the exception of one woman all are in residence, and to the best of our belief we have seen them all.

Fifty-four men and 49 women are classified as private patients, 39 of the former being of the "Service" or "ex-Service" class. Accommodation for private patients able to pay from 3 to 10 guineas a week is provided at Rooksdown House, where 50 of each sex can be housed in very home-like and comfortable surroundings. At present only the ground floor on each side of the house is furnished, and 8 males and 27 females are residing there.

Out-county patients number 102 men and 55 women, contracts being in existence between Cheddleton Mental Hospital for 50 men, with Napsbury for 25 men and 15 women, with Springfield for 1 man and 31 women, and with West Ham Mental Hospital for 23 men. The other out-county patients are from 11 various unions.

In the table given above, among the numbers transferred to other care are 24 men returned to Springfield Mental Hospital and 24 women to Plymouth Mental Hospital on the termination of contracts.

The accommodation in the whole institution as given to us is for 642 males and 758 females by day and for 660 males and 790 females by night. There are vacancies, therefore, for 70 men and 12 women. One villa, No. 8, is at present used as accommodation for female nurses. This will be available for patients when the new nurses' home, which is nearing completion, is finished. We visited this latter building, and it appears that it will provide very excellent accommodation for about 13 sisters, 53 nurses and 4 maids.

The weekly maintenance charge is, for the home patients, 20s. 5d. and for those of the private class in the main building the minimum of 35s., and at Rooksdown House from three guineas. The average weekly cost as last ascertained was 20s. 0½d. per head.

We found the patients of both sexes generally very contented and free from complaints, other than on the score of detention, and these were not beyond the usual number we receive on our visits.

The condition of the clothing and personal appearance of the patients was satisfactory.

No parole beyond the estate is granted, but 80 men and 108 women have parole within the grounds; two villas on the male side and three villas on the female are administered on the open-door principle, whilst male ward 8 and male villa 6 have the doors open to their immediate gardens.

We found the day rooms, galleries and dormitories clean and well kept. Some additional bound periodicals have been provided, but we thought that there was still a shortage of books and papers in most of the wards, and suggest that an increased number of weekly illustrated papers should be provided in stiff detachable covers.

We understand that the louvred openings in the roofs of the verandahs have been lowered in consequence of the rain beating in and falling on the beds. This must to a great extent interfere with the ventilation, and we suggest that some scheme should be thought out as a substitute for ventilating these verandahs.

We are glad to learn that the laying out and planting of the gardens and grounds is proceeding, as at present they present rather a bare appearance. Some more seats are required in the ward gardens, but we understand that some are being obtained.

The chief works completed since the last visit are the operating theatre, improvement of the laundry ventilation, which was commented on at the last visit, and alterations to the general bathroom on the female side, where the spray baths have been done away with and slipper baths substituted. Each bath is also properly curtained off. This is a great improvement and, we learn, is popular with the patients.

The general health appears to have been good during the period under review. Of epidemic or zymotic diseases among the patients there have been 3 male and 4 female patients who have been found to be suffering from pulmonary tuberculosis, and one from non-pulmonary tuberculosis;

2 cases regarded, on clinical grounds, as suffering from dysentery; and 3 cases of severe diarrhoea, 2 of lobar pneumonia, and 1 of erysipelas. During the whole period only 9 have been attacked by influenza.

The mortality rate, calculated on the average number daily resident for the year ended December 31st last, was 8·3 per cent. for the male and 5·4 per cent. for the female patients, or the satisfactory low death rate of 6·7 per cent. for all patients.

Since our colleagues' last visit 143 patients, that is, 72 males and 71 females, have died, all with one exception from natural causes. In the excepted case, the subject of a coroner's inquest, the patient died from shock following a violent struggle induced by a paroxysm of mania, the whole circumstances being reported at the time to our Board.

The principal causes of death in the remaining 142 deaths were as follows: general paralysis 26, epilepsy 9, and organic brain disease 1; tuberculosis 6, pneumonia 6, dysentery 1, and erysipelas 1; senile decay 28, cerebral hæmorrhage 6, and cerebral softening 1; malignant disease of various organs 6, and exhaustion from mania or melancholia 5, the small remaining number of deaths being due in single numbers to a variety of diseases not calling for special mention.

The causes of death were verified by post-mortem examination in only 32 instances, or the regrettably low proportion of less than 23 per cent.

Of serious but not fatal casualties which have occurred since the last visit only 3 were on the male side, and of these the injury, discovered on X-ray examination, was probably received prior to admission. On the female side there have been 12, none of which call for particular remark except one, the case of a female patient who set fire to her own clothing from a guarded fire whilst the nurse was momentarily engaged elsewhere.

During our tour of inspection we visited the pathological laboratory, which is admirably equipped with all essentials, and will shortly be taken into use, and we have no doubt will soon prove its great value, both in the earlier detection of morbid processes, and their more accurate diagnosis, and as a valuable adjunct to treatment. To obtain the best results, however, and to economise the labours of the several officers who may work in the laboratory—and we are glad to hear that the institution already possesses a medical officer experienced in this department—it is important that the services of a trained laboratory assistant should be secured.

The present nursing staff is:—

	Males.	Females.	Total.
Charge	10	13	23
Ordinary	65	55	120
Wardmaids	—	17	17
Night	14	19	33
Certificated	45	17	62
Passed preliminary examination	20	20	40

Dr. Connolly has the assistance of Dr. Percy Dykes as deputy superintendent, and of Dr. J. J. O'Reilly, Dr. Annie G. Thompson, and Dr. S. Coleman as permanent medical officers.

We had the advantage of meeting the Chairman of the Committee, Mr. C. R. De la Salle, and discussing some matters with him.

Hereford County and City Mental Hospital.

August 22nd, 1928.

Since the last visit to this hospital by one of my colleagues in September of last year 97 patients have been admitted, 1 has been transferred to other care, 23 have been discharged (14 upon recovery) and 30 have died from natural causes. There are now on the statutory books the names of 534 patients, of whom 218 are males and 316 are females.

One man and two women were out on trial at the time of my visit, and with these exceptions I believe I have seen all the patients now on the books. Twelve patients have been allowed out on trial to test their fitness for discharge, and though a money allowance was granted in one case from a convalescent fund I notice that no use has been made of s. 55 of the Lunacy Act, 1890, which permits money allowances to be made to patients on trial. I hope that this section will not be lost sight of, as it is most valuable in certain cases, and enables a patient to go on trial free, to a large extent, from any financial worry, and therefore better able to meet the conditions of life outside the institution.

There are 41 out-county patients, 20 men being contract cases from Staffordshire and 20 women contract cases from Middlesex.

No parole is granted outside the estate, but 24 males and 12 females enjoy parole within the hospital grounds. One male and two female wards are administered upon the open-door system.

The nominal day space in the hospital is for 602 patients and night space for 537. This gives vacant accommodation in day space for 58 men and 10 women, but in night space there is only vacant accommodation for 7 men and a shortage of 4 female beds.

The weekly maintenance charge per head is 18s. 11½d. for home patients and 25s. 1d. for private patients; the average weekly maintenance cost for the year as last ascertained was 19s. 9¾d.

There has been no mechanical restraint and 24 patients (2 males and 22 females) have been secluded for a total period of 1,513½ hours.

I found the patients to-day apparently contented and, though the day was wet and all the patients were in the wards, their conduct was very orderly, and there was an almost complete absence of any noise. They were well dressed and clean, and many of them spoke of the kindness shown to them by the nursing staff. One male patient complained to me of ill-treatment by the staff, but on going into the matter I found he was referring to a bruise which he said he had sustained in 1915.

I gave a large number of interviews to patients in the wards and corridors, and gave everyone an opportunity of speaking to me. I gave a private interview to one man at his request after my inspection was over.

There is no special visiting day at this hospital, friends being allowed to visit on any day.

The wards and dormitories were very nicely kept and the beds and bedding were very satisfactory. There were plenty of flowers and the book shelves were well filled. I should, however, very much like to see a large number of picture books or picture papers bound in small volumes. A few picture papers bound or even sewn into brown paper covers give great pleasure to those who cannot read and are very badly needed in the wards on a wet day such as this is. The papers need not even be consecutive; much enjoyment would be derived from odd numbers being sewn up together. The female admission ward was particularly bright with flowers and looked extremely nice.

I was glad to find that a good supply of writing paper is kept in the wards.

On the male side it would be an advantage to have a few more billiard cues, as in one ward there were only 2 cues and both were without tips.

I was very glad to hear that a large party of patients attended the Burghill Flower Show yesterday and had tea on the show ground. The many remarks made to me about this treat showed me that the privilege was really appreciated.

A good deal of redecoration has taken place since the last visit, and I was glad to hear that the new refrigerator, which has been in use for a few days only, is working satisfactorily so far. In the hall, where there is a cinema, there are amplifiers fitted to a gramophone, which provides the necessary music at dances and entertainments.

In the kitchen I saw a good meal of roast beef, green peas and potatoes being prepared, and I afterwards saw it served in some of the wards. I

hope care will be taken to serve the meat on hot plates. There are plate-warmers in each ward kitchen, but, though in one ward the plates were well warmed, in another they were hardly warmed at all.

In the laundry I was not quite satisfied at the way the foul clothing is dealt with, or rather the way in which the foul clothing bins are dealt with. It seems to be the practice to wash these in the wards; I suggest that it would be much better if these bins were cleansed with live steam somewhere near the foul laundry, where a steam jet for the purpose could be fitted at very small expense.

A new calendar has been placed in the laundry and is giving satisfaction.

Amongst other works now in progress is the making of a new weigh-bridge to deal with larger loads than formerly, and in a more convenient place.

The patients in bed seemed to be receiving all proper medical and nursing care and attention. There were no serious cases of sickness, those in bed being chiefly senile cases, new admissions, and patients kept in bed for mental reasons.

Of the 30 deaths, 6 were from pneumonia, 11 from heart disease, and 4 each from tuberculosis and senile decay.

During the period under review there have been 12 cases of influenza, one of measles, and two cases of scarlet fever, last October, in the female staff.

There are now one male and 3 female patients with active tuberculosis.

The cause of death was verified by post-mortem examination in 16 cases. My Board consider that much useful information is obtained by these examinations, and hope that they will be made in all cases where the friends do not express a wish to the contrary. There have been no inquests held.

There have been 5 accidents causing fractures of bones, 3 were accidental falls, one was a fall caused by another patient pushing the victim down, and the fifth was a curious accident in which a patient was holding a cup in a curious way with his finger right through the handle and his thumb on the other side of the cup. He asked for the cup to be refilled and the nurse took hold of it to do so, when the patient jerked it away and snapped his finger.

There are 3 male and 9 female charge nurses and 21 male and 40 female ordinary nurses. One charge nurse of each sex is on duty at night and 3 male and 8 female nurses. Eleven female nurses are employed on the male side.

Nine men and 13 women were certificated or registered as mental nurses and 6 men and 5 women have passed their preliminary examination.

The visiting dentist examines the mouths of all new admissions and dentures are supplied where it is considered necessary.

I drew the attention of the medical superintendent to the requirements of the statutory rules and orders as to caution cards for tuberculosis and intestinal infection cases.

Dr. Smith has as his colleagues Dr. Donald M. Cox and Dr. Edwards.

Herts Mental Hospital.

November 6th, 1928.

During yesterday afternoon and this morning I have inspected this hospital and, to the best of my belief, I have seen all the patients now in residence. I found the building well maintained and the patients' quarters to be in all ways well kept. The day rooms were bright and cheerful, and were well supplied with books and other amusements, but I hope arrangements will be made to change the books more frequently than is done at present.

The patients themselves appeared to be comfortable and to be generally contented, though naturally many asked for their discharge.

An improvement is being made in the cut of the dresses for the women, and a lighter style of boot is being introduced. I hope, also, a greater variety in the colour of the dresses will be obtained.

Letter-boxes are provided in each ward for the patients' convenience, but I was surprised to hear that the nurse in charge keeps the key. This does not appear to be right, and I suggested that in future the keys should always be kept by an officer whose duty it would be to empty the boxes daily.

One ward on each side of the building is administered on the open-door principle, but only few patients—8 men and 8 women—are allowed full parole, and only 18 men and 9 women parole within the grounds.

I hope it will be found possible to grant this added freedom to a far greater number. I suggested also that, in the convalescent wards, patients should be allowed to have their tea from tea-pots instead of urns, and that butter should be issued to them in pats instead of on the bread.

The changes amongst the patients since the last visit leave on the books the names of 279 men and 583 women, a total of 862, and all were in residence except 2 women who were away on trial.

As the accommodation of the hospital provides for 374 men and 525 women by night, there are now vacancies for 94 men, but there is overcrowding on the female side by 56 patients. To remedy this overcrowding two wards, A 1 and A 2, on the male side are to be arranged to take female patients; 80 beds will then be added to the female side, and 22 additional beds will revert to patients' use on this side, when the nurses now occupying them go to the new nurses' home.

Other rooms now occupied by nurses will probably also become vacant, and it is to be hoped that some of them will be converted into clinical rooms, at present there being only one such room on each side of the building.

Among the improvements which have taken place since the last visit, or which are now in hand, are the conversion of part of the stores into a canteen for the patients; the completion of the lighting of the single rooms; the alteration and equipment of the pathological laboratory; the erection of new laundry machinery; and the alteration and conversion of the last medical superintendent's house for male tubercular patients.

The absence of continuous baths, of an X-ray and ultra-violet ray apparatus, and of a cinema, is a matter which I hope will receive consideration from the Committee.

The general health of the patients has been good, and the death rate for 1927, 4.14 per cent., was the lowest which has been recorded in the hospital.

The sick appeared to be receiving careful nursing in the infirmary wards and on their verandahs, but the absence of hospital trolleys and the shortage of bed tables was still in evidence.

In the laboratory, which is now under Dr. W. McCoach, pathologist, much good work is being done, and numbers of tests are being carried out as an aid to diagnosis. I understand that a scheme is now being discussed whereby the scope of the laboratory may be considerably increased in connection with the county health services.

Except for 18 cases of dysentery, 14 of which were on the female side, and 2 cases of diphtheria, the hospital has been free from infectious disease.

Now that the laboratory is in full use it is to be hoped that the treatment of general paralysis by induced malaria may be undertaken. This treatment appears to be meeting with considerable success in other similar institutions, and it is a great pity that the patients here should not have their chance.

All the 75 deaths, the causes of which were verified by post-mortem examinations in 59 instances, were due to natural causes, and in only one case was it considered to be necessary to hold an inquest.

The nursing staff consists of 59 male and 96 female nurses for day and 4 male and 6 female nurses for permanent night duty. Of the men 19, and

of the women 22, are certificated or registered as mental nurses, and 19 of the former and 12 of the latter have passed the preliminary examination for the certificate.

Both the matron and one assistant matron are General hospital trained, the latter acting as sister tutor.

Dr. Kimber has the assistance of Dr. Roberts, Dr. Shepherd, and Dr. McCoach.

Kent Mental Hospitals.—1. Barming Heath.

May 4th, 1928.

We have to-day completed the annual inspection of this institution, which we commenced yesterday. We were sorry not to have the company of the medical superintendent, Dr. Wolseley Lewis, as he is away on his annual leave, but we have received every assistance from his deputy, Dr. Collier. We found the hospital throughout generally in very excellent condition, and reflecting great credit on Dr. Lewis's administration.

Since our colleagues' visit six and a-half months ago, the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	100	115	215
Transferred to other care - -	6	3	9
Discharged from order - -	28	46	74
of whom recovered - - -	20	35	55
of whom dealt with under s. 79	8	11	19
Allowed out on trial - - -	15	27	42
of whom granted allowances -	7	7	14
Died - - - - -	44	45	99

There are now on the statutory books the names of 1,885 patients, in the proportion of 762 males to 1,123 females.

Seventy-eight men, 75 being of the "Service" or "ex-Service" class, and one woman, are classified as private patients. Out-county patients number 18—8 men and 10 women—chargeable to 14 various unions.

The present maintenance charge is, for the county patients, 22s. 9d.—which will be reduced on July 1st to 22s. 2d. That for those of the private class is 35s. The average weekly maintenance cost as last ascertained was 21s. 6d. per head.

Two men and 4 women are now out on trial, one of each sex is on short leave, and two of each sex are boarded out at the West Park Mental Hospital of the London C.C. for special treatment as encephalitis lethargica cases.

We have to the best of our belief seen all the patients of both sexes who are in residence, and have found them generally very contented with their surroundings. We, as usual, received a certain number of appeals for discharge, but none from anyone who was yet fit for it. Complaints as to unkindness or harshness on the part of the nursing staff were quite absent.

The appearance of the patients as regards their personal tidiness and dress was quite satisfactory, and we were glad to see so many patients wearing their own clothing.

One male and 7 female wards are administered on the open-door principle. Sixty-three of the men have their parole outside the estate, and 49 men and 52 women within the grounds.

From the miscellaneous returns for last year furnished to our Office we find a very high percentage of patients usefully employed during the year, being 68·5 per cent. on the male side and 71·7 per cent. on the female. During the course of our visit we noticed the good work that is being done to occupy the patients. On the male side, Lt.-Col. C. F. de Salis, the

Occupation officer, is developing the work, but it is somewhat handicapped by the inadequate size of the shops, such as the tailor's, printer's, etc. We were very glad to hear that brush making is to be started. On the female side the occupations are in charge of an assistant matron, Miss Wynn, and here, as well as on the male side, we were glad to see a large number of low-grade cases—36 men and 33 women—engaged in hair picking and mattress remaking.

Another interesting feature is that about 14 female patients are employed in the male wards, where there are female nurses, in the sculleries, and for cleaning purposes.

In the laundry we found 4 men and 52 women employed. We agree with our colleagues that a steam clothes press would be a useful addition, and we think that another calender is wanted here.

The dough-mixing machine in the bakehouse is being repaired and having a safety cover fixed to it.

The accommodation as returned to us is for 866 males and 1,147 females by day, and for 750 males and 1,180 females by night. There is therefore considerable discrepancy between the day and night accommodation, especially on the male side. The excess of night accommodation on the female side is caused by the vacation of certain rooms by the nurses consequent on the opening of the nurses' home. In some of these latter rooms there is no close communication with a member of the staff, and we think that a communicating bell should be installed between those rooms and the nearest nurse's room.

Generally the superficial areas of the various parts of the wards are indicated by labels on the walls, but in some of the smaller dormitories and rooms vacated by the staff the areas have not yet been put up.

The wards were very bright with flowers, plants, and birds, and there was a good supply of books and papers, and all parts were generally in a good state of decorative repair. Exception should be made, however, in a few of the male wards in the older part of the building; for instance, in male 7, especially in the sanitary block, which was in need of redecoration and where several panes of glass are broken. We think that these windows should have some protection, and also that the gas in this department should be removed out of reach of the patients and protected with thick glass.

Doors have been fixed to several of the w.c.'s on both sides, and others will be similarly treated.

Since the last visit a cinematograph apparatus has been fixed in the recreation hall. It is enclosed in an iron fireproof box in the gallery, with an outlet from its roof into the small winding room at the back. We think this should be carried through the roof into the outer air.

In some of the smaller medicine cupboards we noticed that there was no separate locked department for the poisons. We think that this should be provided.

On visiting the mortuary we made certain suggestions to Dr. Collier to improve the conditions under which the bodies of deceased patients are viewed by their friends, by the substitution of sliding panels instead of the existing curtains.

The general health has been good during the six and a-half months under review, and with the exception of 7 cases of influenza, 5 cases of scarlet fever among the female patients, and 3 of the female nursing staff during February and March of this year, and one case of erysipelas, there has been no case of an epidemic nature. At present there are 9 males and 9 female patients under treatment for tuberculosis. The hospital is admirably situated and provided for the treatment of patients suffering from this disease, and we note that the deaths from tuberculosis per 1,000 of population during the year 1927 were exactly one-half the average rates for all mental hospitals.

The mortality rate for this hospital from all diseases for 1927 was 8·75 per cent., calculated on the average number daily resident, or 8·7 per cent. for the males and 8·8 for the females

Since our colleagues' last visit 44 males and 45 female patients have died, all with 2 exceptions from natural causes. The two excepted cases were female patients who committed suicide, one by drinking hydrochloric acid used for cleaning purposes from a bottle which she discovered while working in the medical officers' quarters in the hospital, and the other by throwing herself from a third floor window. Neither patient was considered suicidal, and in both cases, which were the subjects of coroner's inquests, the facts were fully reported to our Board at the time.

Of the remaining deaths the causes of death were verified by post-mortem examination in no less than 80. Heart disease was the principal cause in 30, pneumonia in 18, general paralysis in 13, tuberculosis in 6, epilepsy in 6, and in the small remainder death was due to a variety of physical diseases not calling for special mention.

During the period under review there have been 6 serious, but not fatal, casualties, involving fracture of the bone, on the female side, and 2 on the male side, one as the result of a blow from a fellow-patient, and all the others as the result of accidental falls.

The last recorded case of dysentery, not confirmed as such when the excreta were examined bacteriologically, though presenting dysenteric lesions post-mortem, occurred in March, 1925. Since that date the hospital has been entirely free from either dysentery or severe diarrhoea, a fact which reflects credit upon the nursing staff, and the methods employed in the wards to deal with foul linen, which itself is reduced to a minimum in the wards. At the same time we confess to some uneasiness at learning that foul linen is handled at three points between the bed of the patient and the disinfecting tank in the foul linen laundry, and as it is difficult or impossible to prevent the admission of an unsuspected "carrier" into any hospital, we have discussed the matter with the deputy superintendent, Dr. Collier.

Like our colleagues on their visit last year, we have been greatly impressed by the admirable arrangements made at the nurses' home for the comfort, well-being, and training of the nursing staff. The lectures and instruction during the three years' course are of a high order, and also, we are glad to see, the instruction given is carefully co-ordinated with and systematically checked by observed results in the daily work in the hospital.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge - - - - -	12	20	32
Ordinary - - - - -	52	103	155
Night - - - - -	14	26	40
Certificated or registered - -	41	49	90
Passed preliminary examination	14	16	30

Eighteen women nurses are engaged in nursing male patients in seven wards on the male side.

It is interesting to note that included in the above staff are 12 female nurses from Denmark, who are undergoing six months course of training here.

The dietary seems to be a good one, and there is a liberal supply of fresh milk given daily to the patients, but to supplement the supply from the farm and what is purchased, some condensed milk is used with the tea. We saw a good dinner served yesterday in some of the female wards, and we are glad to learn that a second vegetable of some kind is given daily.

Dr. Wolseley Lewis has, besides the deputy superintendent, Dr. W. E. Collier, the assistance of four medical colleagues, Dr. T. R. Forsythe, Dr. J. M. Smith, Dr. C. F. J. Baron and Dr. S. W. Davies.

Kent Mental Hospitals.—2. Chartham.

February 16th, 1928.

During the eleven months that have elapsed since our colleagues' visit to this institution, the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	116	155	271
Transferred to other care - -	7	14	21
Discharged from order - -	53	51	104
of whom had recovered - -	31	34	65
of whom dealt with under s. 25	3	—	3
of whom dealt with under s. 79	14	14	28
Allowed out on trial - -	33	41	74
of whom granted allowances -	7	8	15
Died - - - - -	49	45	94

These changes leave on the statutory books the names of 598 men and 679 women, a total of 1,277. Of these, 69 are classified as private patients, 54 men and 15 women, 49 of the men being of the "Service" or "ex-Service" class. There are 8 out-county patients chargeable to as many unions. On trial or leave are 4 men and 6 women, and boarded out under the provisions of s. 57 are two men and three women. In residence to-day, therefore, there are 1,262 patients—592 males and 670 females.

The total accommodation in the hospital is for 682 males and 690 females by day and for 691 males and 740 females by night, according to the return furnished to us. There is, therefore, a discrepancy of 50 on the female side between the day and night accommodation, and the vacancies are really for 90 men and only 20 women according to the number in residence, which are 592 males and 670 females—a total of 1,262. The average number in residence during last year ended December 31st were 1,233—589 males and 644 females.

Two wards, AA 1 and AA 2, have, since the middle of last year, been transferred from the male side for the use of female patients. The arrangements for effectually screening the ward garden are satisfactory.

The weekly maintenance rate for the county patients is 22s. 9d., and for those of the private class 35s. The average weekly cost as last ascertained was 24s. 6½d.

To the best of our belief we have seen all the patients in residence, and given them an opportunity of speaking with us. We found them very free from complaints as to their treatment, and the appeals for discharge were not unduly numerous. They were very quiet and orderly in their conduct, and clean and tidy in their personal appearance. A large number—131 men and 10 women—have their parole, which adds to the general contentment. Two wards on the male side and one on the female are administered on the open-door principle.

The day rooms and galleries are well kept, and well supplied with plants and objects of interest, such as birds. Wireless receiving sets have been installed and are available for some wards on either side.

The dormitories and single rooms were tidy, and the beds and bedding very clean and neatly arranged. We were glad to see that the areas of the wards have been indicated by the putting up of suitable labels in each.

From the annual returns furnished to our Board we find that the attendances both at the Church of England Sunday services and at the

weekly entertainments were below the percentages of mental hospitals in general. The attendance at the church services was only 23 per cent., and at the entertainments 30 per cent. of those in residence.

The weekly average number of employed patients was again below the general percentages, being 55 for the men and 44 for the women. This may be accounted for to a certain extent on the male side by the lack of proper shop accommodation.

The mortality rate for the year ended December 31st last was 8.27 per cent., calculated on the average number daily resident, or 8.65 per cent. for males and 7.91 per cent. for females. Since our colleagues' visit in March last year 94 patients, i.e., 49 males and 45 females, have died, all but two from natural causes. In one of these cases death occurred during the course of operation for the relief of acute intestinal obstruction due to strangulated hernia, and in the other death was attributed to shock following burns occasioned by leaning against a radiator. This and other similar radiators have existed since the year 1875 without any ill happening of any sort. They have now, however, been enclosed in wire frames. Of the whole number of deaths, bed sores existed in only 3 cases, a fact which, considering the large number of senile bed-ridden cases, speaks well for the care taken by the nursing staff.

General paralysis was the principal cause of death in 11, epilepsy in 2 and other forms of brain disease in 6, heart disease in 13, arteriosclerosis in 11, kidney disease in 23, tuberculosis in 8, and in the remainder to various physical conditions not calling for special mention. There was no death either from dysentery or enteric fever. Coroner's inquests were held in 6 cases, and, with the exception of the two mentioned above, the verdict was death from natural causes.

The general health has been good throughout the period under review. The hospital has been entirely free from dysentery, and also, unlike most hospitals, from influenza also.

There have been single cases among the patients of para-typhoid, malaria and erysipelas, without any spread to others, and two cases of diphtheria among the female nursing staff. At present 9 male and 8 female patients are under treatment for tuberculosis, and we are glad to learn that the construction of further verandahs for open-air treatment is contemplated. Now that the pathological laboratory is actively functioning, the early detection and control of tuberculosis will be facilitated, and, it is to be expected, the rather high proportion of cases per 1,000 of population (13.8 as compared with 9.1 for all mental hospitals) and deaths per 1,000 from tuberculosis (11.7 as compared with 8.0 for all mental hospitals) will show a decrease.

We are satisfied that the medical treatment and nursing of the patients here is of a high order. We would, however, refer to the lack of an operating theatre, for want of which major operations have to be performed in a day room after emptying it of the patients. Such an arrangement is far from ideal, and we earnestly hope that the Committee may be able ere long to remedy this defect in a hospital so admirably equipped in other directions.

There have been 16 serious but non-fatal casualties, either sustained accidentally or, in two cases, impulsively self-inflicted. Fortunately the hospital is now equipped with its own X-ray department, so that casualties of this kind can be and are at once radiographed and appropriately treated.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge - - - - -	10	12	22
Ordinary - - - - -	57	54	111
Night - - - - -	8	10	18
Certificated or registered - -	38	23	61
Passed preliminary examination	12	9	21

No women nurses are employed on the male side. During our tour of the wards we found 36 male and 42 female nurses on duty.

Dr. Collins has to assist him Dr. J. A. Topham, as deputy superintendent, Dr. G. T. Baker, Dr. F. C. M. Taylor, and Dr. A. K. McCowan, as assistant medical officers.

Lancashire Mental Hospitals.—1. Lancaster.

February 15th, 1928.

We have to-day completed the annual inspection on behalf of our Board of this large hospital, which we began early yesterday morning.

The changes which have taken place since the last visit by two of our colleagues have left on the books the names of 2,647 patients—905 males and 1,742 females. Of the 202 discharges, 65 were discharged as recovered, 6 were dealt with under s. 25 and 18 under s. 79 of the Lunacy Act, 1890. Forty-three patients were allowed out on trial, money allowances being granted in 9 cases.

There are 170 male private patients, including 67 "Service" and 15 "ex-Service" patients, and 249 female private patients. Out-county patients number 9 only.

At the time of our visit 1 male and 6 female patients were out on trial, leaving resident in the hospital 904 men and 1,736 women, a total of 2,640. To the best of our belief we have seen all these patients in the course of yesterday or to-day.

Full parole is usually granted to 48 male and 15 female patients, and a limited form of parole is given to 82 male and 18 female patients. One ward on each side is administered upon the open-door system.

According to the figures placed before us there appear to be 140 vacancies for males calculated on the day space, but only 16 vacancies calculated on the night space. On the female side there is an excess by day of 80 patients and by night 16.

The weekly maintenance rate is £1 0s. 5d., and the average weekly maintenance cost 19s. 10½d.

There has been practically no mechanical restraint and very little seclusion during the period under review.

The nursing staff consists of 9 men and 32 women holding charge rank and 85 men and 227 women nurses for day and 19 of the former and 44 of the latter sex for night duty. Twenty women nurses are employed on the male side of the hospital. Twenty-five men and 34 women are certificated or registered as mental nurses and 4 men and 7 women have passed the preliminary examination.

We found the hospital in very good order throughout, though of course there are many places which show need of redecorating. Whenever this is undertaken we hope that it will be carried out in light colouring in order to brighten as far as possible the wards and corridors. Some redecorating has been done, and more is in progress at the present time, and work is also in progress for the rearrangement of the laundry, for the extension and modernization of the bakery, for the extension and rearrangement of the kitchens in the annexe and old side, and for the installation of a modern telephone system throughout the hospital.

We found the wards and dormitories clean and in good condition, warm and generally comfortable. The walls are for the most part well furnished with pictures and other objects of interest, but we thought that throughout the hospital there was a great lack of books and bound illustrated papers. We saw in some wards some very satisfactory bound picture papers of a handy size and evidently bound in the hospital, but there were not nearly enough of them. The supply, too, of games in most of the wards was, we thought, quite inadequate—for instance, in one large ward of over 100 patients the only facilities for games we could find were one pack of cards and one set of dominoes. We think this matter

is one of considerable importance, and we feel sure it will receive careful consideration.

In female wards 20, 21, and 23 we discussed with Dr. Sephton the possibility of some rearrangement and alteration which would, we think, add to the comfort of and be of benefit to the patients, and avoid the necessity of their taking their meals at very narrow tables which are really not big enough for any patients to sit opposite one another, and certainly not for patients of the class who are housed in these wards. We were glad to see that some new lavatory doors have been fitted in some wards, but we think that much remains to be done in this direction, there being many w.c.'s without doors still and some without even partitions between.

In one ward we found the bread for the patients being buttered in the bathroom, and we hope that efforts will be made at once to find a more fitting place for this purpose.

We have to call attention to the fact that we saw no notices in any of the wards dealing with the correspondence of the patients and interviews with the Commissioners, a matter which our Board has suggested should be brought to the notice of all patients by being posted in every ward.

In many of the lavatories no tooth-brush racks have yet been provided, and we hoped this will be done soon and so avoid the rather unpleasant plan of all the tooth brushes being kept together in one mug.

We found the patients well clothed, very contented, clean and orderly, and very many of them availed themselves of the opportunity we tried to give to everyone of talking to us and giving expression to any little grievances they might have. We gave private interviews to 4 ladies in the ladies' private patients' block, but we do not think that any steps require to be taken as a result thereof. It was a great pleasure to us to find how very free from real complaint the patients in this big hospital were.

In the ladies' private patients' block we thought that when opportunity occurs some complete doors, instead of half doors, in the lavatories, with bolts which can on emergency be opened by the nurse from the outside, would add much, by giving some degree of privacy to the comfort of the ladies.

The general health of the patients has continued to be good, and it is satisfactory that the death rate for 1927 was again a low one, being 5.8 per cent. for both men and women. Little serious illness was seen by us, and during the period under review, except for 4 cases of enteric fever, there has been practically no infectious disease. No efforts have been spared to discover the origin of the enteric fever, and as the result of numerous tests 17 patients are at present isolated as possible carriers. Further examinations are being carried out. We were satisfied that the senile and sick patients were receiving excellent care and treatment in well equipped wards, and on their verandahs, but we should like to suggest for Dr. Sephton's consideration that 15 ward should in future be administered in two parts, the upper floor being under one charge nurse and the lower under another. We believe that, if it be possible, this change would be found to be of great advantage both to patients and staff. We would also suggest that bedside carpets might be provided for the verandahs where patients are nursed by day and night.

We were much interested in being shown over the treatment centre in the annexe, and in seeing the records of the work done in each room. We learnt that treatment by massage is carried out daily, that about 130 patients a week receive treatment in the ultra-violet ray rooms, and that good use is made of the X-rays on about 100 occasions a year. This is all most satisfactory, and we were glad to see that the centre is now being increased by the addition of well-fitted rooms for ophthalmic and dental work. No ambulance, as suggested by our colleagues, has as yet been obtained, and we agree with them in thinking that the sister tutor, who

is largely occupied in the centre and with massage, can have little time for teaching the nursing staff. A qualified assistant has been appointed, who carries out much useful work in the laboratory under the supervision of the resident staff, but no one medical officer acts as pathologist. The central pathologist visits this hospital at intervals.

Treatment of general paralysis by induced malaria has not yet been commenced, but we understand it will be introduced before long.

All the 72 deaths were due to natural causes, but the cause was verified by post-mortem examinations in only 17 instances. We hope it will be possible to increase the number of these examinations in future. One inquest was held concerning the circumstances of the death of a male patient who died whilst absent on parole, and a verdict of natural causes was returned.

We learnt that considerable trouble has been experienced in the working of the hot water control to the continuous bath, and that in consequence it has been out of use for some months; we consider that immediate steps should be taken to remedy the fault.

Dr. Sephton, who appeared to us to be anxious to do all in his power to bring the hospital up to the highest standard of efficiency, has the assistance of Dr. Silverston as his deputy, and of 6 other medical officers, two of whom are ladies. All had a good knowledge of their patients and appeared to be interested in their work.

Lancashire Mental Hospital.—2, Rainhill.

October 16th, 1928.

Since the visit paid by two of our colleagues to this hospital in January of last year 1,151 patients have been admitted, 21 have been transferred to other care, 630 have been discharged (437 upon recovery), and 310 have died. Two patients have been dealt with under s. 25 of the Lunacy Act, 1890, and 176 under s. 79 of that Act. Two hundred and ninety-four patients have been allowed out on trial, but we notice that money allowances were only granted in 12 cases. We very much hope that the section of the Act which permits money allowances to be given in suitable cases will not be allowed to become a "dead letter," as we believe it to be a most useful provision.

Of the 2,562 patients now on the books, 170 males are classed as private patients, of whom 149 are "Service" and 19 "ex-Service" patients.

There are 4 female out-county patients. At the time of our visit 8 men and 7 women were out on trial, leaving in residence 1,210 men and 1,337 women, a total of 2,547.

Parole beyond the grounds is granted to 21 males, and within the grounds to 142 males and 72 females. Two wards on the male side and one on the female side are administered on the open-door principle.

The total accommodation in the hospital is for 1,189 males and 1,138 females by day and 1,217 and 1,324 respectively by night. The figures given to us show that there is overcrowding upon the day space of 29 men and 206 women, and upon the night space of 1 male and 20 females.

The weekly maintenance charge per head is 19s. 10d. for home and 22s. 2d. for private patients, the average weekly maintenance cost for the year as last ascertained being 17s. 10½d.

There has been no mechanical restraint since the last visit and seclusion has been found necessary in the case of 112 women and 170 men for a total period of 27,791½ hours.

The present staff of nurses is as follows:—

					Males.	Females.	Total.
Charge	-	-	-	-	20	23	43
Ordinary	-	-	-	-	98	141	239
Night	-	-	-	-	24	32	56

Nineteen women nurses are employed on the male side.

The nurses certificated or registered as mental nurses number 98 on the male and 45 on the female side, and in addition there are 14 sub-officers, 7 of each sex holding the final certificate, while 9 men and 29 women have passed the preliminary examination.

Much work has been done since the last visit for the improvement of the hospital and the comfort of the patients. Amongst other things, we may mention extra lavatory basins in wards 1 and 2 and 15 in the annexe; new w.c.'s in 1 and 2 wards, in the annexe, and in wards 4, 10 and 11 in the main building; a new enclosed verandah in ward 18 (main); extensions to dormitories and day rooms in 2 and 4 (annexe); the centralization of the laundry, involving new plant in the annexe; new equipment in the kitchens; new water-softening plant; new incinerator; new loud speakers in the male hall of the annexe; improvements in the cinema equipment in both buildings, etc.

Since the last visit, too, a bulk supply of electricity has been obtained from the St. Helens Corporation, involving various alterations in the existing plant and cables.

Amongst other important works now in progress are the erecting of new verandahs in wards 11, 12 and 18 of the annexe and the completion of the alterations for supplying the main building from the St. Helens bulk supply of electricity, the alterations for the supply of the annexe being already completed.

The removal of the old laundry has enabled a scheme to be prepared which is now under discussion, and which we had an opportunity of talking over with the medical superintendent. The scheme involves the conversion of the old laundry in the main building into a central store for the whole hospital, the old laundry ward being altered and improved, the old stores at the main building being converted into an operating theatre and X-ray room, the old stores at the annexe being converted possibly into a nurses' recreation room, and the present nurses' recreation room being used as an occupation room for patients.

We found the patients for the most part contented and orderly and, though we had the usual applications for discharge, we had no complaints of any substance as to treatment. The wards and dormitories were clean and well kept, but some of them appeared to us to be bare and sparsely furnished. In the annexe particularly, there appeared to be a lack of books, magazines and bound periodicals. We noticed that no toilet paper is supplied in the w.c.'s, and hope that this will be rectified. We were glad to hear that the provision of half-doors to the w.c.'s is being proceeded with gradually.

The notices as to patients' letters posted in the wards is of the old type, and in the opinion of our Board might with advantage be replaced by one, a copy of which we have sent to all mental hospitals. This notice is not meant to be copied word for word, but is merely intended as a guide. Our Board desire to get rid of some of the formality of the old notice and to avoid drawing attention aggressively to the fact that the notice is dealing with letters of lunatics. We were not altogether satisfied that the patients can get paper, and especially envelopes, when wanted, and we discussed the matter with the superintendent, and feel sure that he will see that our views are met.

In many of the day rooms we thought that some small tables would be an advantage, and we hope that some day it may be found possible to cut down the long tables. We were glad to hear that it is intended to increase the number of plate-warmers in the wards. We venture to suggest that it would be a privilege much appreciated if some more of the better wards were given tea-pots and allowed to pour out their own tea, and if butter were supplied in pats and they were allowed to spread it themselves, as is now done at some institutions.

We were glad to hear that every endeavour is made to vary the style and pattern of the women's clothing. We were surprised to hear that no

slippers are supplied on the female side, and hope attention will be given to this matter.

The dormitories were airy and clean, and we hope it may be found possible for some of the patients to be allowed to undress by their bedsides.

The ward gardens were nicely kept, and we were particularly pleased to see that the patients in the most difficult wards on the male side at the annexe have been taught to treat with care the well-kept garden there. We should like, also, to plead for a somewhat larger allowance of tobacco for male workers.

We should very much like to see the introduction of a canteen for the use of patients, where they can buy cigarettes, sweets and other small articles.

In the kitchen lavatory set apart for the patients, in the annexe, we think a basin would be a useful addition if there is room to place one.

The medical work carried on is of a high standard, both in the wards and in the laboratory, and the greatest care is taken to ensure correct diagnosis, especially in cases of doubt, by confirmation by laboratory tests. Dr. Watson, the Board's pathologist, was unfortunately away on leave, so we were unable to hear his account of the work done under him, both in research and in the routine examination of specimens.

Unfortunately, the hospital is not yet equipped with X-rays, ultra-violet rays and an operating theatre, but it was satisfactory to know, as stated above, that their installation is contemplated when the proposed alterations are made to the stores. They will be a valuable addition to the hospital.

In the infirmary wards, where the tubercular patients are also nursed on verandahs, we were satisfied that the patients are being carefully nursed, but we thought it a pity that so many as 169 patients should be under the care of a single charge sister in 18 female annexe. It appeared to us that it would be better, as is done in the male sick ward, to use the two different floors as separate wards, and that this could be conveniently done without expense or structural alterations. We hope consideration will be given to the suggestion.

Amongst the sick we saw 29 cases of tuberculosis, 19 men and 10 women, and two cases of dysentery. The latter disease has attacked 21 males and 22 females since the last visit, the diagnosis being confirmed in each instance by laboratory tests, but only 4 cases, all females, terminated fatally.

Of other infective diseases, there have been 14 cases of erysipelas, 4 of scarlet fever, and 2 of pellagra, both women. We understand that Dr. Watson is continuing his researches into the last-named disease, and that it is possible that further interesting facts may be brought to light as the result of his studies.

With 5 exceptions all the deaths were due to natural causes, and the cause was verified in rather more than 50 per cent. of the cases by post-mortem examinations.

Of the 310 deaths, the chief causes were general paralysis in 59 instances (49 male and 10 female), tuberculosis in 53, and pneumonia in 45. Of the excepted cases, one was due to a suicidal act committed before admission, another to an injury sustained also before admission, and the remainder to suicidal acts while the patients were in residence, two of them being by patients on parole and the other by a patient who was not considered to be suicidal. All the circumstances of these deaths were reported to our Board and they need no comment here.

The death rate for 1927 was 7.6 per cent. for the two sexes, that for males being 9.7 and that for females 5.7 per cent. These percentages are somewhat higher than those recorded in 1926, which were the lowest ever recorded in the hospital, but it is believed that they will fall again this year.

Lancashire Mental Hospitals.—3. Prestwich.

October 19th, 1928.

The point which must at once strike anyone visiting this hospital is the urgent necessity for an improved and modernized system of sanitation throughout. This matter has for years received the anxious consideration of both the Committee of the hospital and our Board, but owing to a series of unfortunate accidents, into which it is unnecessary to enter here, the matter has been delayed from time to time. We have been fortunate to-day in having an opportunity of talking over this matter with the Chairman of the Committee and one of his colleagues, and we hope and trust that the matter will be dealt with in a comprehensive way in the immediate future. Another very urgent matter which we are glad to hear is receiving attention is the reorganisation on modern lines of the kitchen at the annexe, which at present is not fitted with the equipment to meet the work which it is called upon to do. We hope and believe that the scheme for the reconstruction and the fitting of equipment for cooking in this kitchen will not only enable it to meet all demands made upon it, but will also result in greater variety of food for the patients being served.

Meanwhile much work has been completed at the hospital since the last visit, amongst which may be noted the widening of one of the verandahs at the female infirmary by 5 feet, the provision of bathrooms at the entrance lodges with modern sanitary conveniences, a water pressure augmenting pump at the annexe, the remodelling of the bathrooms in the nurses' quarters, the removal of some of the obstructing partitions in the wards at the annexe, and some painting and decorating in various parts of the hospital. Work is now proceeding in the reconstruction of the laundry and the introduction of new machinery, including a calender capable of dealing with six hundred sheets per hour, the modernising of some cottages and improvements to the heating and hot water services. Consideration is also being given to the question as to what is the most useful way of dealing with the old laundry at the annexe and the building that has hitherto contained the electrical plant.

We visited the church, which we were glad to see has been very nicely redecorated and has been fitted with choir stalls, and it was a very great pleasure to us to hear that the hospital has a good choir and that the services at the church are enthusiastic and hearty and are much enjoyed.

Another matter which we are sure is greatly for the good of the hospital generally is the way in which the outdoor recreations of the patients and staff are being catered for. The new football ground is in full use, two new tennis courts have been made, and a bowling green is now in course of construction.

Many other improvements, such as the suggestion to divide ward F 6 into smaller wards, were indicated to us, and we hope that they may in time materialise.

In going round the wards we found the patients generally happy and contented and very orderly; indeed, even in the wards set apart for the most difficult patients there was no noise or turbulence. In the large female garden at the main building, in which at the time of our visit about 300 patients were exercising, we thought that it would be advantageous to plant a hedge at the bottom of the slope below the hospital, which, while not obstructing the view from it, would have the effect of separating the patients exercising from those in the hospital.

We were sorry to hear that no night-shirts are provided on the male side, and to find that the stock of night-gowns on the female side is far from adequate. We hope that when new night-gowns are provided they may be of a proper length and not, as many are at present, little more than bed jackets. We also think that it would add to the comfort of female patients if they were supplied with light slippers for indoor use. The stocks of slippers and, indeed, other things, appeared to us to be far from adequate.

We were unable to visit the mortuary, but we understand that there is at present no room specially fitted in which the bodies can be viewed by friends of deceased patients. We are convinced that with very little cost this should be done, and that the pleasure and satisfaction which a nicely fitted room for this purpose gives to friends and relations, will amply repay any money spent in this direction.

We were glad to see that some pictures have been added to the wards in the annexe since the last visit. The framed railway posters are very effective, but there is room for more, and we hope in time they will be increased. We should also like to see some more pianos in the wards and a larger supply of such indoor games as draughts and dominoes, etc.

In F ward 10 there are no screens between the baths, and we hope that this matter will be dealt with.

In the single rooms there appears to be a great shortage of bedsteads, and we think that bedsteads should be provided in all cases except those where the condition of the patient necessitates the bed being made on the floor.

A very nice arrangement has been made in one of the male wards, whereby some fifteen selected patients are allowed to have their own bedrooms, which they look after themselves, a privilege which we know is much appreciated.

The changes which have taken place since the last visit by two of our colleagues have left on the books the names of 1,297 males and 1,454 females—a total of 2,751. Eight patients were out on trial, leaving in residence at the time of our visit 2,743.

Fifty patients have been allowed out on trial to test their fitness for discharge, money allowances under s. 55 of the Lunacy Act being granted in 32 cases.

Of the 292 private patients, 13 are females, 246 are “Service,” and 26 are “ex-Service” patients. Out-county patients number 8 only.

Thirty male patients are granted full parole, and parole within the estate is granted to 47 males and 104 females.

The weekly maintenance charge per head is 19s. 10d. for home patients and 29s. 9d. to 42s. for private patients. The average weekly maintenance cost for the year as last ascertained is 21s. 0½d.

There has been no mechanical restraint since the last visit, and seclusion has been resorted to in the case of 10 patients for a total period of 87 hours 45 minutes.

There have been 9 cases of dysentery—5 on the male and 4 on the female side—but, apart from this and from 2 cases of enteric fever at the annexe, the patients have been practically free from infectious disease and have generally enjoyed good health.

The sick patients are nursed in the infirmary wards, where, though there is still a lack of adequate verandah space, they were evidently receiving excellent care and attention. The tubercular patients are, as far as possible, isolated from others, the women in the annexe and the men in a small block adjoining the main hospital, but the latter is insufficient in size, and it is now suggested that it should be replaced by the farm villa, where alterations could be made to fit it for its new purpose.

A room at the female hospital has been fitted up for the treatment by ultra-violet rays and a small room is used for operations, but there are still no continuous baths, and patients needing examination by X-rays are sent to another hospital for this to be done.

The proposal to erect a well-equipped treatment centre for the whole building is not being forgotten, and it is to be hoped that it will receive favourable consideration from the Committee before long.

As our time was completely taken up in other ways, we were unable to visit the laboratory where, we were told, a technical assistant is continuously at work under the medical staff, with a charge attendant, trained in the hospital to help him, but in answer to our enquiries we

learnt that much useful work is done there, and that in all cases of doubt the diagnosis is confirmed by laboratory tests.

The death rate for 1927 was the low one of 6·6 per cent., that for males being 7·0 and for females 6·2, and it is anticipated that the rate for the present year will be as low.

Of the 201 deaths since the last visit, the causes, which were natural except in four cases, were confirmed by post-mortem examinations in 139 instances, and in only two of the deaths were bed-sores present.

Five inquests were held concerning the four excepted and one other death, and the circumstances of each were reported to our Board at the time. In no case was blame attached to any member of the hospital staff.

Whilst in the "Farm" we discussed with Dr. Blair the means of making the place safer for the patients in the event of fire. We think that our suggestions, which would not be difficult in execution, should be put in hand at once if patients remain there.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	18	18	36
Ordinary - - - - -	165	171	336
Night - - - - -	27	32	59

We were sorry to see that whereas 71 male nurses are certificated or registered as mental nurses only 13 female nurses are so certificated or registered. The reply to our query as to why so few female nurses are so qualified was that so many of them leave after obtaining their certificate. We sincerely hope that a large number are now preparing to go in for the preliminary examination.

Dr. Blair has the assistance of Dr. Logan, as deputy medical superintendent, and of six other medical officers, two of whom are ladies. Those in residence accompanied us round the building, and it appeared to us that they were all keenly interested in their work and anxious to give their patients the best medical treatment.

No visiting specialists have yet been appointed, but we hope that the advantage of having such regular expert advice will not be forgotten.

Lancashire Mental Hospital.—4. Whittingham.

February 11th, 1928.

We have to-day completed the annual inspection on behalf of our Board of this large hospital, and we are glad to be able to report that we are very satisfied with what we have seen.

The changes which have taken place since the last visit have left on the books the names of 2,876, of whom 2 (males) were out on trial at the time of our visit, leaving in residence 1,368 males and 1,506 females—a total of 2,874. Twenty-one patients have been allowed out on trial to test their fitness for discharge, and money allowances were granted in two cases. Private patients number 157, of whom 4 are women, 139 are "Service" patients, and 12 are "ex-Service" patients. There are only 6 out-county patients.

Parole beyond the estate is granted to about 39 male and 70 female patients, and within the estate to 222 males and 94 females. Four male and three female wards are administered on the open-door system.

The recognized accommodation in the hospital is, according to the day space, for 1,226 men and 1,392 women, so that it would appear that there is overcrowding to the extent of 144 on the male and 114 on the female side.

The weekly maintenance charge per head is 20s. 5d., the average weekly maintenance cost for the year as last ascertained being 20s. 4½d.

There has been no mechanical restraint during the period under review. A considerable amount of work has been completed in the hospital since the last visit, including a new heating scheme, new w.c.'s and sinks, lavatory basins, new electric cables and branch cables, and new switch board necessitated by the reconstruction of the laundry equipment, and various additions necessitated by the introduction of improved methods in the laundry. The new machinery in the laundry is nearing completion, a verandah is being built at M 7, some new floors are being laid, new heating is being provided in M 2 and 3 in the main building, and a steam range for the new generator is being installed. One other useful new machine in the laundry we noticed, and that was the steam press for men's clothing.

In spite of the fact that our visit took place on two cold, wet and very rough days, and that therefore very few of the patients were able to go out of doors, we found both the men and women throughout the institution orderly and well behaved, contented and very free from complaints. Indeed, we neither of us received any complaints of substance, though we had, of course, the usual number of applications for discharge.

We spoke to a very large number of men and women, and endeavoured to give everybody an opportunity of speaking to us if they wished to do so. The patients appeared to us to be suitably clothed and clean in person, and the notices in the wards showed us that a great deal of good work is done in endeavouring to keep them amused and interested.

In addition to an excellent band recruited from the hospital staff, there is a cinema, which is shown twice a week; badminton is played once a week; dances are held every Friday, and whist drives, with prizes, are constantly taking place. Most of the wards, including those set aside for the worst patients, were nicely decorated and seemed to be well supplied with books, of which the patients were availing themselves freely.

In one ward we saw some excellent raffia, rug, mat, leather and barbola work, and it was particularly nice to hear that this work by the patients had been due to the efforts of some of the nurses, one of whom had had some training in a mental deficiency institution and had taught others. We think that great credit is due to these nurses for their very successful effort, and we hope that this very useful work will be continued and, if possible, extended. All through the female side of the hospital we saw a considerable amount of mending work going on, the more important work being, of course, done in the work room.

We were glad to hear that half-doors are gradually being fitted in the w.c.s. It struck us that in the west annexe lavatory annexes the present urinals, which are, of course, now unused, might well be replaced by lavatory basins for the use of patients returning from the w.c.s. We were very pleased to see that some of the side rooms have been furnished for the use of the more reliable patients, and we feel sure that they are very much appreciated by those privileged to use them.

We thought that the stock of overcoats in some of the male wards might with advantage be increased.

We entirely agree with our colleagues' view, as expressed in their report last year, that it is a pity that the admirable accommodation at the hospital is not being used for the purpose for which it was intended; we are, however, glad to learn that the Committee have the matter in their mind and that it will not be lost sight of.

Some of the dormitories struck us as being rather cold, and an examination of the records showed that on cold days the temperature sinks very low; this may possibly be due to the fact that the new heating apparatus is not yet in satisfactory working order.

In watching a nice dinner being served in one of the male wards we found that no attempt had been made to heat the plates, and the reasons which the charge attendant gave us for this were such that we are sure

they can easily be remedied. We also hope that the practice of serving not only the hot meat but also a hot pudding before the patients take their seats will be altered, as it must inevitably mean that the food is cold or nearly so before the meal starts.

The patients generally presented a healthy and well-nourished appearance, and the records show that, except during an epidemic of influenza, there has been little real sickness among them. This is also borne out by the death rate for 1927, which was the satisfactorily low one of 7.13 per cent.

There have been no cases of enteric fever or dysentery, and only 9 patients are recorded as having suffered from severe diarrhoea.

The sick wards are well equipped for their purpose, and a number of patients are given open-air treatment by both day and night on the verandahs, which we were glad to hear are to be increased in number, but we thought there was still some shortage of hot water bottles in some of these wards. Unfortunately, in the main building, the sick ward on the male side (M 7) is also used as an admission ward, as a ward for tubercular patients, and for the treatment of general paralysis by induced malaria. This arrangement we cannot consider desirable, and it gives an added reason for the admission hospital to be brought into its proper use, as mentioned above.

The sick patients appeared to be receiving good nursing care and attention, and it was apparent to us that the medical staff, all of whom showed keenness in their work and an intimate knowledge of their patients, take the greatest care in their treatment, both by means of the clinical work and by laboratory investigations. The sister tutor also continues to do good work.

We understand that a room is about to be equipped for the treatment by ultra-violet rays which should prove to be a valuable addition to the hospital.

The incidence of tuberculosis in this hospital is below the average of all mental hospitals, the notifications being 7.1 per 1,000 population, as against the general average of 9.7, and to-day only 4 men and 17 women are known to be suffering from this disease.

There have been no further cases of encephalitis since the small outbreak mentioned in the last report.

With 6 exceptions, all the 218 deaths were due to natural causes, but the cause was verified by post-mortem examination in under 50 per cent. of the deaths; of the 6 excepted cases, 4 were due to suicidal acts, one of which was committed before the patient's admission, and of the remaining two, one was due to accidental drowning and the other to injuries sustained by a fall in an epileptic fit. Inquests were held concerning all these deaths, and they call for no mention here.

Of the 391 male and female nurses (189 male, 202 female), 132 males and 53 females are certificated or registered as mental nurses, 20 males and 21 females having passed the preliminary examination.

Lancashire Mental Hospitals.—5. Winwick.

February 7th, 1928.

We have to-day completed the annual inspection of this hospital on behalf of our Board, which we began yesterday morning. We are glad to be able to state that we are very well satisfied with the way the hospital is being maintained and carried on, and with the conditions under which we found the patients living. Many of them spoke to us of the kindness they had received from the medical and nursing staff, and we were much struck by the almost complete absence of complaints on both sides of this large hospital. We, of course, had, as usual, a number of applications for discharge, which we enquired into where necessary, and satisfied ourselves that the applicants are not at present sufficiently recovered to be at large.

Many of the patients we saw in the ward gardens, and we were pleased to see that there was an ample supply of warm overcoats for the use of the men. We found during the course of our inspection here, as at other hospitals we have been to, a patient who is quite properly sent here for treatment having, as a result of domestic service, obtained a settlement in the district served by this hospital, but who is now far from all relations and friends, who might otherwise visit. While fully realising the difficulties of the position, we discussed with the medical superintendent the possibility of arranging for the transfer of this patient, by contract or otherwise, to a hospital nearer home.

We found the wards and dormitories, sanitary annexes, side-rooms and ward kitchens clean, well aired, and in good order. Most of the day rooms were well supplied with games and newspapers, but we think that a larger supply of books might with advantage be sent into the bookshelves. Some of the bagatelle tables are badly in need of repair and, without regarding some cuts on the cloths, the ordinary wear and tear visible means that the tables are popular amongst the patients. We were very glad to see that care is taken, in washing the strong clothing and strong bed clothes, that it is returned to the wards in a soft and pliable condition. In every lavatory we were glad to see tooth brush racks, and to hear that a good proportion of the patients used them habitually. In the dormitories we found the beds and bedding quite satisfactory, and were glad to hear that nearly all patients are now supplied with night-gowns and that the necessary supply will be complete before very long. We very much hope that the medical superintendent will see his way to allow more patients to undress at the bedside than is at present the case. The new single rooms are now completed and are much appreciated by those patients privileged to use them.

The very complete wireless system is now in working order, and is so arranged that among other things the services from the hospital church can be relayed to the sick wards for the benefit of those unable to attend personally.

We saw a good and obviously popular meal served in the wards of steak and kidney pudding and one vegetable, followed by bread and cheese. The meal was nicely served and the electric plate-warmers appear to be most effective. We should like to suggest that some of the tables at which the patients dine be cut in half, a plan which we think would add much to the appearance of the room and the comfort of the patients. Two other small matters which we have seen adopted elsewhere, and which we know are highly appreciated, we think it worth while to mention here: they are the provision of butter in pats so that patients can spread it themselves, and the provision of tea in teapots from which patients can help themselves. In the kitchen we were surprised to find that there is no electrically worked mixing machine, and we cannot help thinking that it would be found to be not only useful but economical in the long run.

When visiting Winwick Hall we could not help feeling, as did our colleagues last year, that it is a pity this excellent accommodation cannot be put to better use. We thought it would make a very suitable home for female convalescents and other patients who could be trusted with limited parole, and that if so used the hall and garden attached could be made a most comfortable residence; it would then be possible for one or more of the convalescent wards in the main hospital to be used for a different class of patient, and it might then be possible to discontinue the use of part of female 6 as a sick bay—an arrangement that, we confess, we dislike.

Unfortunately, all visiting has had to be temporarily suspended at this hospital owing to outbreaks of small-pox in the neighbourhood. Though, of course, it is absolutely necessary, it is a matter that is very keenly felt by the patients, many of whom do not or cannot realise why they are not seeing their friends.

Since the last visit 501 patients have been admitted, 24 have been transferred to other care, and 238 have been discharged—151 upon recovery. These changes, with the deaths with which we deal below, leave on the books the names of 1,057 males and 1,136 females. Three men and one woman are now out on trial, leaving in the hospital to-day a total of 2,189 patients.

There are 59 "Service" and 1 "ex-Service" patients, but no other private patients. We spoke to every patient who showed any desire or inclination to speak to us and, though a great number availed themselves of the opportunity, we are satisfied from our conversations that there is a spirit of great contentment at present throughout the hospital.

The hospital is at present quite full, there being 13 on the male and 16 on the female side over the authorised numbers—a somewhat serious state of things, which is no doubt receiving the serious consideration of the Committee.

The general health of the population appears to have been good, and the records show only a few cases of influenza and 4 isolated cases of dysentery during the period under review. At the present time, however, there is what appears to be a slight outbreak of scarlet fever in one ward on the female side. One member of the staff and one patient appear to be definite cases, and 12 other patients are being segregated as suspects in the isolation hospital. The disease is very mild in form, and strict precautions have been adopted to prevent any risk of the infection spreading.

The tubercular rate in this hospital is still above the average, being 12·6 per 1,000 population, as against the average 9·7 for all mental hospitals, but the death rate—7·5 per 1,000 population—is slightly below the general average. Unfortunately, the known cases have to be treated in wards with other infirm patients, and it is not possible to keep them quite apart from others. In these wards the verandah accommodation is poor, the verandahs being too shallow to allow patients to be nursed on them in any but the best weather, and they are not readily accessible from the dormitories. We were glad to hear that the Committee are now considering the question of improving these verandahs and the erection of others, and we hope that the possibility of the complete segregation of the tubercular cases will also be considered when opportunity occurs.

We believe the sick patients are receiving careful nursing attention and skilled treatment, and we were very pleased to see evidence of the care that had been taken in investigating into the circumstances of one or two cases that came under our particular notice.

In the single rooms we noticed that few bedsteads were in position, and we hope that every effort will be made to introduce more whenever it is found possible to do so. In the sick wards we thought that there is still a shortage of bed tables (we understand that this is being remedied), but the supply of hot bottles appears now to be adequate.

With the exception of 3, all the 218 deaths have been due to natural causes, and they call for no special mention here. Of the 3 excepted deaths, 2 were due to a suicidal act, in one case committed before admission, and the other following an injury received before admission. The circumstances of the suicide in the building—a case of a female patient who had shown considerable mental improvement—were fully reported to our Board at the time, and no blame was attached to any member of the staff.

A room has recently been fitted up for the treatment of patients by ultra-violet rays and should form a valuable addition to the hospital. An X-ray apparatus has not yet been obtained.

A skilled technical assistant works in the laboratory under the supervision of the medical staff, and Doctor Watson, the Lancashire Asylums Board's pathologist, visits from time to time. We understand that much valuable work in routine examinations as an aid to diagnosis is done in

this department, and that research on various subjects is also being carried out by the resident staff, who, we believe, are keenly interested in this and their work generally.

Leicestershire and Rutland Mental Hospital.

March 20th, 1928.

Since this hospital was visited by one of my colleagues in June of last year, 135 patients have been admitted, 8 have been transferred to other care, 54 have been discharged—46 upon recovery—and 41 have died. These changes have left on the books the names of 320 male and 412 female patients, a total of 732, all of whom were in residence to-day. I note that only one patient has been allowed out on trial. Private patients number 56, of whom 16 are "Service," 4 "ex-Service," and 22 are female patients.

Full parole is granted usually to 12 male patients, and 40 male patients have parole within the grounds.

The total accommodation in the hospital is for 308 males and 380 females; it will therefore be seen that there is overcrowding to the extent of 12 on the male and 32 on the female side. This is a matter which calls for the careful consideration of the Committee, and the important fact must be borne in mind that it is now quite unsafe to depend on getting beds under contract at other mental hospitals.

I found the hospital to-day in excellent order throughout. Some painting and whitewashing was in progress, and the repair of the paths in the ward gardens is being proceeded with.

The wards were clean, bright and well ventilated; the day rooms were prettily decorated and seemed to be well supplied with games for the amusement of the patients, but on both sides of the hospital I thought there might well have been a bigger supply in the wards of story and picture books. In the infirmary wards I was glad to see that bed tables have been supplied—so far six on each side of the hospital—but I understand that this number will in time be increased. There is still an insufficiency of screens in the female bathroom, and I hope that this matter will receive consideration; the lack of privacy in a general bathroom is a matter which works very hardly in the case of some women, and I feel sure that the provision of some sort of screen between all the baths would add much to the comfort of many patients.

I found the patients very contented and for the most part happy, nor was there the slightest sign of disorder or noisiness throughout the hospital.

The patients were clean and nicely clothed and, though I believe I gave everyone an opportunity of speaking to me, I only received one complaint, and that was from a male patient; however, subsequent observation led me to place but little reliance on his statements. He complained of the dinner to-day, consisting of corned beef, potatoes and pickles, which he evidently knew was on the menu. By accident I was in his ward when dinner was served and he was helping in the service. As I left I noticed he had helped himself very liberally and was evidently enjoying it, as, indeed, judging by the empty plates, did the rest of the patients in the ward.

No night-shirts are supplied to the male patients at this hospital. To sleep habitually in the shirt which has been worn all day does not seem to be very cleanly or healthful, and I hope before long it may be found possible to alter this state of things.

In spite of the fact that I was much struck by the very friendly relations which subsist between the medical staff and the patients, I confess I should much like to see clinical rooms attached to each ward, in which patients could see the doctors privately and be able to speak to them freely and without fear of interruption or of being overheard.

About 45 patients were working in the laundry and 14 in the work-room.

Of the 33 patients whom I saw in bed, none was severely ill. During the period under review there has been no influenza, enteric or dysentery. To-day 4 male and 5 female patients are being treated for tuberculosis.

Of the 41 deaths, senile decay accounted for 9, heart disease for 8, and tuberculosis for 5. The cause of death was verified by post-mortem examination in 38 cases—a very satisfactory number. No inquests have been held since the last visit.

Of the 5 serious but non-fatal casualties, 4 were fractures and a dislocation caused by accidental falls; the fifth was a series of self-inflicted wounds, made with a piece of glass whilst in bed.

The nursing staff consists of 6 male and 9 female nurses holding charge rank, 23 male and 22 female nurses for day and 5 of each for night duty.

Twenty-three male and 11 female nurses are certificated or registered, whilst 3 men and 2 women have passed the preliminary examination.

Dr. Stewart still has to assist him Dr. J. W. Craig and Dr. F. L. McLaughlin.

Lincolnshire Mental Hospitals.—1. Bracebridge.

March 12th, 1928.

So far as the circumstances permit, the classification, surroundings and the treatment of the patients at this hospital are exceedingly good. We have, we believe, seen all the patients in residence; they were entirely free from complaint as to treatment or diet, and they appeared to us to be a very contented colony.

Some wards have lately been renovated with good effect, a vegetable scullery has been completed in connection with the kitchen, a new range of lavatory basins has been added to male G ward, the dough mixer in the bakery has been rendered safe and so arranged that, if the lid is open, the electrical power cannot operate; alterations are in progress for the improvement of the laundry, and new machinery, including an increased number of drying-horses, are being added to the equipment; and bathrooms and lavatories are in progress in male C ward.

Attention is given to the occupation of the patients, some of whom we to-day saw busy at mat-making, and when the occupation centre has been constructed (plans for which have been passed) we can well believe that with the appointment of an occupation officer the industries of the hospital will be benefited and a still larger number of patients induced to take part in them.

This hospital, like so many others, suffers from an excess of patients—that on the male side being now 39 and on the female side 84. It is satisfactory, therefore, to know that final plans, for approval, are being prepared for the erection of two chronic blocks—each for 60 patients—and that plans for an admission hospital are under consideration.

Such additions, followed, we hope, in due course by the erection of convalescent homes, will place this hospital amongst those where classification and treatment can be carried out in accordance with the most approved and modern views.

Since November 30th of last year there have been 61 admissions, 23 patients have been discharged recovered, and 23 have been allowed out on trial. Although to only 1 patient on trial has a money allowance been granted, we understand that this matter always receives sympathetic and favourable consideration.

The deaths numbered 34.

On the books there are 1,171 patients—male 495, female 676. Those classed as private number 38, inclusive of 36 “Service” patients and 2 “ex-Service” patients. There is also one out-county patient—only 4 patients were boarded out. There are 3 men on trial and 11 women, so

that in residence there are 492 men and 661 women—in all 1,153. Full parole is allowed to 40 men, and 52 have freedom within the grounds. There is also a club ward on the male side, and we note with approval that notices in regard to patients' correspondence, in accordance with the terms of the Board's circular, will soon replace those now appearing in the wards.

The maintenance rate for home patients is 22s. 2d. and for out-county patients 27s. 2d., and the average weekly maintenance cost for the year as last ascertained was 20s. 10 $\frac{3}{4}$ d.

The nursing staff consists of:—

Charge male nurses - - - 8	Charge female nurses - - - 12
Ordinary - - - - - 56	Ordinary - - - - - 68

per day—4 female nurses are employed on the male side—and 9 and 10 respectively for night duty.

The nurses certificated or registered as mental nurses number—male 38, female 10.

The death rate for 1927 was 13·3 per cent. for men and 6·6 per cent. for women, or a total of 9·5 per cent. for the two sexes. This is a greater rate than for the previous year, and is largely accounted for by the deaths on the male side from general paralysis of the insane, which numbered 19, or over 29 per cent. of the deaths.

Unfortunately, owing to the shortage of medical staff, it is found impossible to treat this disease by induced malaria, but we were glad to hear that sanction has been given by the Committee to the appointment of a third assistant medical officer, and, as we consider this appointment to be an urgent matter, we hope it may be made with the least possible delay, even if it be necessary for this officer to live outside the hospital grounds. Under these circumstances we suggested that, until the treatment can be given, efforts should be made to transfer any general paralytic, who would be likely to benefit from the treatment, to some other hospital where he may receive it.

To-day the few sick patients were being nursed in the infirmary wards or verandahs, and it is evident they were receiving proper nursing and kindly care. The hospital has been entirely free from dysentery or diarrhoea in any form, and except for one case of erysipelas and 3 of chicken-pox, there has been no epidemic disease. Only two of each sex are known to be suffering from tuberculosis, and only two of the 34 deaths which have occurred since the last visit was due to this disease. With one exception, where a patient on parole broke it and subsequently hanged himself, all the deaths were due to natural causes, and they call for no comment. Fuller facilities for the treatment of the patients, such as the installation of ultra-violet rays, of an X-ray department and an operating theatre, are, we understand, receiving attention in connection with the proposed admission hospital, and we hope that when the new medical officer joins, the laboratory may be put into active being.

We were very well pleased with all we saw in the course of our inspection of the hospital, which continues to be admirably administered.

Lincolnshire Mental Hospitals.—2. Kesteven.

November 12th, 1928.

This hospital continues to be well administered, and I found the wards throughout in excellent order and, notwithstanding the late season, well supplied with plants and flowers. The patients presented a well-nourished appearance and the diet, which is a good one, has, I was glad to find, been further improved by the addition of a larger supply of green vegetables on at least three days a week.

The patients were entirely free from anything in the nature of a complaint as to their surroundings or treatment. There were but few

requests for discharge—none requiring action—and I can certainly describe this as an orderly and contented colony.

It is evident that considerable attention, and successfully, has been given to the material in use for the women's dresses, as well as the style. It was a pleasure also to notice how many of the women were engaged in the wards in preparing and making up material which has been cut out for them.

I would make two suggestions: one that the poison cupboards should have securely locked doors, and that a wash-basin should be fixed in connection with the w.c.'s attached to the kitchen, with a notice requesting its use before returning to work.

The matter referred to in the last report in connection with continuous treatment and observation of patients without being removed from one ward to another has received attention.

A dressing trolley is on order, and I was glad to see that the verandahs in connection with the male and female sick and infirm wards have been completed, are in partial use, and only await the supply of more beds to be brought into complete occupation. I doubt not that these additions will prove a most useful adjunct to the amenities of the hospital.

The male open-door ward has now been supplied with a full-size billiard table and is, I understand, being greatly appreciated.

There has been no epidemic or zymotic disease since the last visit, and but two patients are suffering from tuberculosis.

There were but 7 male and 13 female patients confined to bed—none acutely ill.

The mortality rate for the year ended December 31st last was 7.61—males 6.27, females 8.9.

Since the last visit 40 patients have died, all from natural causes, and no inquest has been held.

In 27 out of the 40 deaths post-mortem examinations were held.

Epilepsy was the cause of death in 3 instances, tuberculosis in 4, 3 died from heart disease, and 3 from general paralysis. The treatment of this last-mentioned disease by induced malaria has not yet been carried out at this hospital, but I understand from Dr. Macphail that he is considering the question, and I hope he may see his way to carrying it out or, failing that, will endeavour, in suitable cases, to make arrangements for treatment in some other hospital where the practice prevails.

There have, since November 28th, 1927, been 76 admissions, and there have been 32 discharges—24 upon recovery. Trial is made full use of, but as I note that in no instance has any money allowance been granted I wonder if full consideration is given to the benefit of this provision of the Lunacy Act as a means of assisting patients at such a critical time in their history.

On the statutory books there are 495 patients—males 244, females 251—of whom 2 males and 3 females are on trial, leaving in residence 242 males and 248 women—in all 490.

There is at present an excess by day and night of 7 males and 33 women, so that the question of accommodation will in the near future come up for consideration.

The out-patients at this time number 213, but of these 145 are from Peterborough and 56 from Grantham.

The private patients number 35, of whom 12 are "Service" and 4 "ex-Service."

Parole is granted to 51 patients beyond the estate and 79 have a more limited freedom within the estate, and there is an open-door ward on each side.

The maintenance rate is, for home patients, 20s., and for out-county 24s., and private patients pay from 31s. 6d. to 42s.

There has been no mechanical restraint.

There has been but one serious non-fatal casualty, resulting in the fracture of the right wrist and caused by an accidental fall.

The staff of nurses consists of:—

Charge male nurses - - -	8	Charge female nurses - - -	7
Ordinary - - - - -	22	Ordinary - - - - -	20

for day, and 4 of each for night duty.

Those certificated or registered as mental nurses number 16 male and 7 female.

It will be gathered that I was well pleased with conditions prevailing at this hospital.

London County Mental Hospitals.—1. Banstead.

June 28th, 1928.

The work of reconstruction in connection with the blocks has, with the exception of block F, been completed—that building is in the hands of the builders and will soon be handed over; and since the last visit in November block D has been finished and block E is partly occupied. The redecoration of these blocks will, as soon as possible, be taken in hand, and the great advantage to the hospital of this constructional work is very apparent. We have reason to believe that the erection of admission villas will not be long delayed, to be followed in due course by a home for nurses, and we hope that the Committee, in their evident desire to bring this important hospital into line with modern ideas, will not forget how useful and necessary is the installation of electric power.

We noticed in the laundry that a steam trousers' press has been added to its equipment, and are not surprised to learn that it has proved to be most efficacious in dealing with the patients' clothing.

Attention is being given to the improvement in style and material of the women's dresses, and we found the patients throughout the institution to be suitably clad and tidy in appearance.

We can say without hesitation that we were especially pleased with the conditions which prevail in all parts of the hospital, and with the tactful attention given to the patients, from not one of whom did we receive anything in the nature of a complaint as to treatment or diet—appeals for discharge were but few.

Without in any way derogating from our expression of satisfaction as to the general conditions, we would point out that, though there has been an evident increase in the number of books in the wards, there is still, in our view, a need for a further supply, and that in the N wards there is a lack of objects of interest and a total want of flowers and plants. We are glad to hear that an endeavour is to be made to re-stock the bird cages and to start a canary industry. Ward H 3 on the male side—formerly a parole ward—is at the moment unoccupied and in the hands of the painters, consequent upon a fire which occurred there—through a defective flue—early one morning about 6 weeks ago. The alarm was at once given by one of the staff and, through the prompt action of the hospital brigade, the fire was confined to the roof beams and was quickly got under without mishap to any patient and with no outside assistance—in our opinion a very creditable performance.

Since November 15th, 1927, there have been 319 admissions and, consequently upon the changes which have taken place, there are on the books 1,072 males and 1,118 females, of whom 162 are private, including 119 "Service" and 15 "ex-Service" patients. The out-county patients number 15. There are on trial 7 men and 10 women, leaving in residence 1,065 males and 1,108 females—in all 2,173.

Trial has been allowed to 75 patients, 27 have been dealt with under s. 79 of the Lunacy Act, and 34 of those granted trial have received money allowances. Parole beyond the estate is permitted to 32 men, and within the estate to 202.

The weekly maintenance charge for home patients is 28s. and for private patients from 28s. to 32s. 1d.

There has been no mechanical restraint.

The staff consists of:—

Charge male nurses - - - 36	Charge female nurses - - - 38
Ordinary - - - - 117	Ordinary - - - - 116

for day, and 17 male and 25 female nurses for night duty.

Those certificated or registered as mental nurses number 72 males and 63 females.

We are glad to know that the work of the occupation officer continues to be helpful and successful.

We saw 77 men and 138 women under treatment in bed—in all just under 10 per cent. of the total in residence. We were fully satisfied with the attention, medical and nursing, of which they are in receipt. It was satisfactory, too, to find the extent to which the laboratory is used as part of the clinical work. In this relation and in connection with the occurrence of 7 cases of typhoid fever, much time has had to be given to the ascertainment of possible “carriers,” in which work Dr. Petrie has taken a considerable share. There have been some 30 cases of influenza, all among the staff, 7 of erysipelas in patients, and a comparatively small incidence of tuberculosis.

Although tuberculous cases are not numerous here—13 on the male and 15 on the female side are the present numbers—and only 3 cases (all males) among the deaths, there is need on the women’s side for more facilities for open-air treatment in bed. The suggested transposing of day rooms and dormitories in male 6, 7 and 8 wards have been considered by Dr. Petrie and is being adopted—as a trial—in ward 7.

There have been 10 cases of fracture, of which 1 was due to an altercation with a fellow-patient, the rest being the result of accidental falls.

In one case, which, as well as another, was the subject of an inquest, death was accelerated by an accidental burn; otherwise all the 43 male and 27 female deaths were from natural causes, verified in 69 per cent. by post-mortem examination.

The majority of the wards are now provided with clinical rooms, and we hope it will not be long before this highly important convenience will obtain in the remaining wards.

We learn with especial pleasure that negotiations are in progress towards establishing a link between this and Charing Cross Hospital. We hope that they will mature, that the services of the honorary staff at the latter will be available here, that the members of the Banstead medical staff will be able to assist in out-patient treatment of mental cases at Charing Cross, and that the link may further help in the full training of the nursing staff.

Dr. Petrie, who may well be congratulated upon his work at this hospital, has as medical colleagues Dr. Lilley (deputy superintendent), Dr. Ruthven, Dr. F. J. Fay, Dr. Stenhouse (who is on leave), Dr. L. Cook and 3 other medical officers. For only one of these is a house provided, and it is with regret that we find that not only do 4 live out, but two live as far away as Surbiton and Victoria.

London County Mental Hospitals.—2. Bexley.

July 17th, 1928.

We have to-day completed our visit to this mental hospital, which we commenced yesterday, and during the course of it have been through all the wards, and the working and other departments, and to the best of our belief given every patient in residence an opportunity of speaking to us. As a result of our inspection we are able to report that the institution is well maintained and administered for the benefit of the patients.

Since our colleagues' visit eight months ago the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	128	144	272
Transferred to other care - -	14	6	20
Discharged from order - -	45	62	107
of whom had recovered - -	29	30	59
of whom dealt with under s. 25	—	2	2
of whom dealt with under s. 79	14	30	44
Allowed out on trial - - -	30	42	72
of whom granted allowances -	16	19	35
Died - - - - -	55	59	114

These changes leave on the books the names of 2,181 patients, in the proportion of 1,038 males to 1,143 females; of these, 6 men and 7 women are now out on trial, leaving a total of 2,168 patients in residence. The average number resident during the year ended December 31st last was 2,143—1,023 males and 1,120 females. The total accommodation as now returned to us is for 968 males and 1,091 females by day and for 1,019 males and 1,104 females by night. The discrepancy between the day and night accommodation is caused by some staff rooms and day rooms being used for sleeping purposes. We are glad to learn that the contract for the new nurses' home has been approved by the Minister of Health. When this is completed patients' accommodation, which is at present used by the staff, will be released.

Private patients number 128—98 men and 30 women, 86 of the former being of the "Service" or "ex-Service" class. There are 7 out-county patients chargeable to as many unions.

The weekly maintenance charge for the county patients is 28s., and that for the private patients from that sum to 32s. 1d. The average weekly cost as last ascertained was 27s. 0³/₈d.

We saw the majority of the patients in the airing courts and gardens. Generally they were quiet and well behaved, and free from complaints. Their dress and personal appearance were satisfactory. A large amount of parole within the estate is given—334 men and 53 women having that privilege.

The wards were tidy and well kept, but on the female side some rooms have become shabby and require redecoration. A good deal of this has been carried out on the male side. We notice that the medicine cupboards, which are situated in the ward store rooms, have no separate locked compartment in which poisons and outward applications are kept. We recommend that these should be provided.

We were glad to see that the supply of lockers and tooth brush stands is being extended.

Whilst making allowance for the dry weather and the parched condition of the turf in the ward gardens, we think that these might be better kept, and we suggest that in male court O one part should be set apart for football and games, a path done away with and the surface asphalted; in this court, also, dead trees should be removed and dead branches cut off.

The general health of the patients has been good, and except for one case of enteric fever and a few cases of influenza there has been no epidemic disease among them.

It is also very satisfactory to be able to note that the records produced to us show that there has been no case of dysentery in the hospital since 1926.

The patients suffering from tuberculosis number 14 males and 31 females, the women being nursed in H 1 and the men in the sanatorium, and they are being treated as far as possible in the open air apart from others.

The infirmary wards are well equipped for their purpose, and we were satisfied that the sick patients are receiving careful and skilled treatment, though we must again call attention to the absence of an X-ray department.

The new operating theatre which was equipped and brought into use last year is proving to be a valuable addition to the hospital, and is in regular use for major and minor surgical operations. We hope that before long a department for the administration of ultra-violet rays will also be added.

On the male side we found that the admission hospital, which we understand was erected to accommodate 50 patients, has now, by the conversion of day into night space, been arranged to hold 64 patients. We much regret this, both on account of the overcrowding in the day space, which must be harmful, especially for recent cases, and as, because the numbers of recent cases are now insufficient to fill the beds, other cases needing observation are allowed to be treated there. The whole character of the hospital has thus been changed.

The death rate for last year was satisfactorily low, being 6.4 per cent., and all the deaths since the last visit have been due to natural causes, though one, concerning which an inquest was held, was complicated by the accidental fracture of the humerus.

The present nursing staff is:—

	Males.	Females.	Total.
Charge - - - - -	30	42	72
Ordinary - - - - -	104	162	266
Night - - - - -	18	28	46
Certificated or registered - -	134	77	211
Passed preliminary examination	18	33	51

Ten women nurses are employed on the male side in ward J 1.

Dr. Clarke has the assistance of Dr. Brander, as deputy superintendent; and seven other medical officers, one of whom is on a temporary footing.

London County Mental Hospitals.—3. Cane Hill.

July 17th, 1928.

We spent a long day yesterday and a good part of to-day in inspecting this hospital on behalf of our Board, and are glad to be able to report that we are very satisfied with what we have seen. Our inspection included Portnalls, the Garden House, the isolation hospital and the Well House.

The changes which have taken place since the last visit by two of our colleagues just over a year ago have left on the books the names of 849 male and 1,280 female patients. The admissions number 289, 39 patients have been transferred to other care, 106 have been discharged (of whom 68 had recovered), and 128 have died. Sixty-five patients have been allowed out on trial, money allowances being granted in 29 cases.

At the time of our visit 8 patients were out on trial, leaving in residence 847 males and 1,274 females—a total of 2,121.

One hundred and one males and 6 females are private patients, 86 of the former being "Service" and 6 "ex-Service" patients. There are only 5 out-county patients.

Parole outside the estate is given to 9 men, and within the estate to 117 men and 10 women. Two wards and a villa on both sides of the hospital are administered on the open-door principle.

There is overcrowding in the hospital at the present time to the extent of 8 men and 53 women by day and 1 man and 29 women by night. To some extent, and in a manner that would be of high value to the hospital, some of this excess of patients over recognized space could be abolished by the provision of a detached nurses' home and the return of some of the space now occupied by nurses to the purpose for which it was originally

intended. We are particularly glad to hear that this important matter has already received consideration, and we much hope it will mature. We know that our Board would welcome a request to consider plans, even if only of a tentative nature.

The weekly maintenance charge per head is 28s. for home patients and 28s. to 31s. 1d. for private patients, the average weekly maintenance cost for the year as last ascertained being 25s. 3d.

There has been no mechanical restraint during the period under review.

The hospital has been well maintained and work is now going on—repainting, etc. We were glad to hear that electric light has now reached some important places, and is now being installed in the recreation rooms and fitted to the violet ray apparatus. We very much hope that this very important addition will be carried out throughout the hospital with as little delay as possible. Additional w.c.'s have been completed at male C ward and some of the sanitary annexes on the female side have been modernized. We were interested to see that foot-releases had been fitted in the male w.c.'s, and to hear that they are working satisfactorily. Amongst other new and important works contemplated are the installation of a new dough mixer and a steam clothes press.

During our visit we saw a nice dinner being served of roast beef and two vegetables, followed by boiled rice and jam sauce. The diet sheet shown to us seemed to be very good, and we were very glad to hear that, though not marked on the sheet, cold milk is allowed with the porridge for those who prefer it.

In the room adjoining the operating room we were shown the new sterilizer.

We found the wards and dormitories very well kept, clean and well ventilated, and the beds and bedding all that could be desired. We were glad to hear that many patients are now allowed to undress by their bedside. It was very nice to see so many birds in the wards, of all ages, besides birds actually sitting. The breeding of cage birds is, we are sure, of great interest to the patients in the ward, besides those in whose special care the birds are. We were taken to the room where the occupation officer holds classes, and we very much hope her activities will spread in the immediate future. We thought that "Portnalls" would be improved and made far more homely if the walls were decorated with pictures. At present one oil painting seems to be the only picture there.

The women's gardens were well kept and looked extremely nice, and the contrast between them and those on the male side was rather marked. We venture to hope that some attempt will be made to reclaim the turf in the male gardens, which we were told was lost during the war. We particularly notice the worn and dusty aspect of the garden used by B, C and D male blocks, which also appeared to us to be overcrowded; but we realise that the overcrowding may be due to the fact that one male ward and its garden is being used for female patients. We should like to press for more books, particularly of the picture book or bound picture paper type, in every ward. We are so often met, when commenting on the lack of books, with the remark, "The patients in this ward don't do much reading." This is probably true, but many who cannot or do not care to read will gladly spend some time turning over the leaves of a picture book.

In some of the wards we saw all the tooth brushes collected in one glass, and we should much prefer to see them in racks or hung on small hooks.

The patients themselves we found clean and very contented, and except on the subject of detention quite free from complaint. We gave many interviews of a private nature in the wards, and one to a man who sent to say he would like to see us in the Committee room.

We gave this morning a fire alarm in one of the upstairs female wards, and were very pleased with the way in which the brigade were on the scene with their apparatus and fire escape in 3½ minutes and had water

flowing on to the roof in just over 6 minutes from the sounding of the alarm.

Casualties in the nature of fractures and dislocations have numbered 14. One was sustained in an unavoidable struggle with the staff, two were the result of altercations with fellow-patients, six were definitely known to be the result of simple accidents, but in five instances the cause could not be determined precisely. We have discussed these five cases with Dr. Elgee; the patients were mentally capable of making a complaint had there been cause for such, and we have no reason to doubt but that in each instance the patient's own account can be accepted, and that these injuries, though not witnessed, were accidental in origin.

There has been a case of suicide, mainly due to a store room door, which should have been locked, being left unlocked; by whom, despite careful enquiry, it has not been possible to ascertain. The store room in question is very dark and is one of the places that will benefit by the introduction of electric lighting.

Apart from this case (which, as well as one other death, was the subject of an inquest) all the 67 male and 61 female deaths were from natural causes, verified in 70 per cent. by post mortem examination. Mindful of the difficulties of securing these important examinations, we think this proportion is creditable to the medical staff. One-third of the male deaths were due to general paralysis and 52 per cent. of the total deaths to heart disease in one form or another, but none are returned as from senile decay.

Tuberculosis accounted for 3 of the male and 4 of the female deaths—5.4 per cent. of the total. The number of tuberculosis cases now in the hospital is believed to be 14 on the men's and 16 on the women's side. We regard these figures, in the light of those which obtain in other mental hospitals, as satisfactory. A few cases of influenza, 2 female cases of enteric fever (one a patient and one a nurse), and 3 cases of erysipelas complete the small record of instances of infective disorders.

The combined death rate during 1927 was satisfactorily low—6.3 per cent. It is noteworthy, however, that the percentage for males is twice that for females.

The new verandahs are very pleasing and are a noteworthy adjunct to the hospital facilities. We are glad to see that home-made roller blinds are being used for them instead of coloured paint or distemper.

The "continuous bath"—the use of which does not seem to be great here, a fact which seems to us a pity—struck us as being inconveniently placed, and is likely to be much more serviceable were it in close proximity to the rooms opening on to the verandah.

It is with great satisfaction that we hear that arrangements are in process of conclusion whereby the honorary staff at the Middlesex Hospital will be available as visiting specialists here. On the other hand, we feel that a hospital such as Cane Hill offers, for teaching and study purposes, a highly valuable clinical field in physical diseases as well as in mental disorders, of which good use, we hope, will be made as part of this arrangement; also that the expert knowledge of the medical staff in mental disorders will ultimately be available to assist in the treatment of these disorders which is already undertaken at the Middlesex Hospital. A further advantage to which we look forward from such an arrangement is possible reciprocity in the teaching and training of nurses.

We have been very glad to have the company of Dr. Elgee throughout the whole of our visit. He has to assist him as resident medical colleagues Dr. Pearn (deputy superintendent), at present away on leave, Dr. F. Morris, Dr. F. McLagan (who is acting for Dr. Peters, now in charge at Ewell Colony), Dr. M. McGrath, and 4 other medical officers. We have spoken of these officers as resident, but, in point of fact, two live out, and we cannot but feel that there is a real need for at least another house, preferably two, for married assistant medical officers.

London Mental Hospitals.—4. Claybury.

November 30th, 1928.

During yesterday and to-day we have been occupied in carrying out a full inspection of this hospital and, in the course of our visit, have discussed their cases and prospects with not a few of the patients, as well as spoken to all who showed any desire to approach us or to be in the least communicative.

The impression left upon us from our visit, which has been one of much interest, may be summarized in an expression of our appreciation of the tone and manner in which this large hospital is being administered, of the conditions which prevail throughout the institution, and of the care which is bestowed on the treatment, supervision and well-being of the patients.

The matters referred to at the last visit have been considered by the Committee, and the vacuum cleaner has been ordered. Arrangements have been made in reference to the issue of caution cards in the prescribed form, and we understand that the question of providing a basin near the kitchen lavatory will be again brought up, when male patients working in the kitchen are replaced by women—which is in contemplation.

The wireless installation has been improved, especially by the addition of a large number of headphones; a verandah has been added for female ward B 1; an additional lamp has been placed in the light treatment room; the male isolation hospital has been adapted as a farm cottage for six patients, which is run without staff; and a separate garden has been arranged in connection with male S wards for the use of private patients—a very appropriate improvement.

We noticed with approval the attention which is given to the women's dresses, both in material and style, and are glad to know that, in addition to the pressing and cleaning which the men's clothing receives in the laundry, some of them are sent away for the purpose of being dry-cleaned.

Claybury Hall has been redecorated, alterations and improvements have been carried out for the better classification of the patients in connection with male S 2 ward, and the hall now forms a unit for male admissions. The most important addition to the hospital which has been completed since the last visit is the women's combined admission and convalescent hospital which has just been opened for reception of 50 patients—Forest House.

Since December 2nd, 1927, there have been 347 admissions, 138 patients have been discharged (of whom 81 had recovered), and 121 have been allowed on trial, and a few have been dealt with under ss. 25 and 79 of the Lunacy Act.

On the statutory books are 997 males and 1,291 females—a total of 2,288—of whom, including 145 "Service" patients, 270 are classed as private. There are at present on trial 15, leaving in residence 988 men and 1,255 women.

There are 3 men and 7 women who have full parole; this may seem a small proportion, but Dr. Barham is in full sympathy with this privilege, and 145 men have parole within the estate.

From the accommodation return made to us it appears that by night the hospital is rather more than full.

The maintenance rate for home patients is 26s. 10d. and for private patients from 26s. 10d. to 48s. 5d.

There has been no mechanical restraint.

The staff consists of:—

Chief charge male nurses	20	Chief charge female nurses	24
Charge - - - -	20	Charge - - - -	25
Ordinary - - - -	123	Ordinary - - - -	154

for day, and 18 and 22 respectively for night duty.

There are 118 male and 90 female nurses certificated or registered as mental nurses. We have been particularly glad to find how much care

and thought has been and is being bestowed upon the classification of the patients, both on their arrival at the hospital and during subsequent phases of illness; among the special objects thus sought to be attained are the separation of recent from old standing cases and sub-division of the recent cases in such a manner that, during this important and impressionable stage, no patient is exposed to possibly harmful effects from distressing symptoms in other cases. The method adopted has been to utilise and adapt existing wards and structures to the utmost and to fall back on the erection of new buildings to a minimum extent. Adherence to this policy explains the planning of Forest House, which is the new admission unit for women, and to which we have briefly referred; it is a composite, one-storeyed structure, providing accommodation for recent cases of quiet type at one end and quarters for convalescent cases at the other; it is attractively situated in a wood, has a nice appearance, and we are well pleased with the internal details. Claybury Hall has been similarly dealt with, as already noted, for the purposes of male admissions.

In various other ways a progressive policy is maintained of adding, both as required and as opportunity offers, to the resources of the hospital. For instance, there are facilities for the treatment by ultra-violet radiation in the main building and admission units; apart from the operating room a centrally placed room has been fitted up for minor surgery, which is proving of great service, but we observe that one room has to subserve dental and massage work as well as that carried out by the visiting dentist, and it is apparent that owing to the constant calls made upon it the accommodation has become insufficient.

There is, however, one important facility, the absence of which, in the light of its modern uses, cannot but be a serious handicap to so large an institution—namely, the lack of X-ray apparatus. Apart from its use in diagnosis, we saw several cases in which its use for actual treatment would probably prove beneficial.

Death rate during 1927 was 7·4 per cent.; contrary to what is usual, it was rather lower among the males than the females.

The 56 male and 77 female deaths, with one exception, were all from natural causes, verified by post-mortem examination in 70 per cent. The excepted case was a fractured thigh accidentally sustained.

As to infective disorders, there has been one case of scarlet fever in a male member of the staff; 4 women patients developed enteric fever—none since last September; and 1 case of dysentery. Tuberculosis accounted for 2 of the male and 6 of the female deaths, and is believed to exist in 5 of the male and 10 of the female patients now resident and in 3 members of the staff.

There have been 22 cases of fracture of a bone. One occurred in an unavoidable struggle with nurses and during altercation with a fellow-patient, the rest being the result of simple accidents. We found 40 men and 113 women in bed; that is 7 per cent. of the total in residence. They are all being treated under best possible hospital conditions, with liberal facilities for open-air treatment, and we are thoroughly satisfied that a high standard of medical attention and nursing prevails. In visiting the laboratories we were interested in having explained to us an investigation in progress by Dr. Marsh with the "Acid-Base Equilibrium."

Claybury has been affiliated to the London Hospital for nearly 2 years, and there are now 7 visiting specialists available to help in the medical and surgical work.

London Mental Hospitals.—5. Colney Hatch.

November 22nd, 1928.

We have to-day completed the annual inspection of this large institution on behalf of our Board, which we commenced yesterday, and are glad to report that it continues to be well maintained and carried on for the benefit of the patients under Dr. Gilfillan's able administration.

Since our colleagues' visit eleven months ago the following numerical changes have taken place among those resident:—

	Males.	Females.	Total.
Admitted - - - - -	187	202	389
Transferred to other care - -	8	18	26
Discharged from order - -	58	102	160
of whom have recovered - -	30	46	76
of whom dealt with under s. 79	21	49	70
Allowed out on trial - - -	30	44	74
of whom granted allowances -	16	13	29
Died - - - - -	54	62	116

The above changes leave on the books the names of 1,076 men and 1,497 women as patients, of whom all but 4 men and 3 women, who are out on trial, are in residence, and have been seen by us and given an opportunity of speaking with us.

Private patients number 102 men and 27 women, 89 of the former being of the "Service" or "ex-Service" class. There are 8 out-county patients chargeable to as many out-county unions.

The weekly maintenance charge for the London County patients is 26s. 10d. and for those of the private class from that sum to 31s. 6d. The average weekly maintenance cost as last ascertained was 26s. 8.3d.

According to the return furnished to us, the total accommodation is for 1,376 males by day and 1,052 by night, and for 1,774 females by day and 1,447 by night. There is therefore considerable discrepancy between the day and night accommodation, and the hospital is overfull on both sides according to the night requirements. Last year the average number of patients resident during the year was 1,008 males and 1,501 females; to-day there are in residence 1,076 males and 1,497 females. At the beginning of the year the male admission villa was opened, which gives additional accommodation for 40 male patients. It is well equipped and is proving a valuable addition to the hospital.

A good deal of renovation of paint and paper has been carried out, and some is in hand in female ward 36 at the present time. A good many of the remaining wards, especially on the male side, still require to be done. Since the last visit the laundry ward has been altered, and a fire escape staircase with 4 new doorways from the dormitories in E block on the female side has been erected. With regard to this latter staircase we recommend that means should be provided for lighting it outside. The process of replacing the worn flagstones in the corridors and elsewhere with granolithic paving has been continued. Both operating theatres are now lit with electric lighting. Several other works of repair and renovation have been carried out. The chief works in hand at the present time are the conversion of the nurses' cubicles into rooms in the south and north blocks, alterations in the old male general bath house, and the deepening of the well.

The day rooms and galleries generally were very tidy and well kept; the dormitories and single rooms, with their beds and bedding, were in a satisfactory condition. We should like to see the larger dining tables split up into smaller ones, and letter boxes provided and fixed in each ward. Some of the notices about correspondence and visits require bringing up to date, especially on the female side. We are glad to find that furniture is being provided in some of the single rooms.

As has been pointed out before, there is a shortage of w.c. accommodation in several of the wards, and we should like to see dwarf doors on those in the female wards. The pedal releases to the flushing tanks in the w.c.'s are proving satisfactory, and are being gradually extended.

We found the patients generally very contented and free from complaints, and the appeals for discharge were not unduly numerous. Five wards on the male and 4 on the female side are administered on the open-

door principle. Parole within the estate is given to 206 men and 247 women, and beyond the grounds to 2 men only.

We saw the occupation officer, Miss Pickering, holding a class of women in ward 15, and we hope this work will be extended, and that drilling and physical exercises will be instituted. No. 3 hall would seem to be a suitable place for such exercises.

We think a canteen would prove a useful addition to the amenities of the institution.

The general health of the patients has been good, and though we saw a large number in bed, there was little sickness among them, and the large majority were under treatment for mental reasons or on account of senile infirmity. The sick appeared to be receiving good nursing and medical care in well-equipped infirmary wards and on the adjacent verandahs, but we thought that additional comfort would be given were a greater number of bed tables supplied to these wards. A glass-topped hospital trolley for each infirmary would also be an advantage, and we thought the ventilation would be improved were the upper sashes of the windows made to open to their full extent.

Except for three cases of enteric fever on the male side in February last, the hospital has been practically free from infectious disease. The tubercular patients, of whom there are now known to be 10 men and 23 women, are to a large extent segregated from others, and are as far as possible nursed in the open air. It is satisfactory to note that only 11 of the 116 deaths were due to this disease. The mortality rate for 1927 was 7.4 for both sexes, that for the men being 7.7 and that for women 7.2. All the deaths, with one exception, were due to natural causes, and the cause was verified by post-mortem examination in nearly half the number of cases. This number of post-mortem examinations is somewhat small, but is accounted for largely by certain difficulties which are peculiar to this hospital.

The excepted death was that of a male patient who threw himself from a window and died as a result of his injuries. The circumstances of this were fully reported to our Board at the time, and were the subject of an enquiry by the coroner, who did not attach blame to any member of the staff.

We were glad to hear that the Committee have agreed to the provision of an apparatus for the treatment of patients by ultra-violet rays. This should be a valuable addition to the medical facilities of the hospital.

On visiting those in bed in wards other than the infirmaries, most of whom were being treated for mental reasons, we noted with satisfaction that in practically every instance, except in the rooms with padded floors, of which there are many, the patients were lying in a properly made up bed, and not on a mattress on the floor. We think much credit must be given to the nursing staff for their management of these patients, many of whom no doubt are of destructive habits and dangerous propensities.

There has been no employment of mechanical restraint or seclusion in the period under review.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	45	50	95
Ordinary - - - - -	138	136	274
Night - - - - -	24	36	60
Certificated - - - - -	165	79	244
State registered - - - - -	101	39	140
Passed preliminary examination	23	27	50

An examination of the nursing staff is being held to-day, when 18 male and 30 female nurses are offering themselves for examination.

Dr. Gilfillan has the assistance of 8 medical colleagues, with Dr. J. K. C. Laing as deputy superintendent, and Dr. J. B. S. Lewis in charge of the

female side and Dr. E. F. Hewlitt in charge of the male side. Two of the other 5 medical officers are on a temporary footing.

London Mental Hospitals.—6. Hanwell.

November 28th, 1928.

In spite of the fact that this great hospital is one of the oldest in the Kingdom, and in spite of many drawbacks, we are satisfied that the patients here are comfortable and are for the most part contented. One of the great drawbacks of the hospital is the absence of electricity, a matter which we know has received the earnest consideration of the Committee, and we hope very much that the time is not far distant when the hospital will not only be lighted throughout by it, but that it will also be available for X-rays, ultra-violet radiation, light treatment, and such other matters which are now so important in modern treatment. Nor must we forget to add that the introduction of electricity would enable a cinema apparatus to be installed for the benefit and amusement of the patients—a form of entertainment which has proved so popular at similar institutions elsewhere.

Meanwhile the Committee have done much to improve the hospital, and schemes are on foot which testify to their intention to keep this hospital, so far as possible, up to the standard of modern requirements.

Amongst other improvements since the last visit are:—

(1) The adaptation of 3 rooms in the basement of the centre tower as a Roman Catholic church and priest's room. We visited this little church and found that the work had been most tastefully carried out, and we feel sure that the result cannot but be a source of much gratification to those patients who belong to the Roman Catholic Church.

(2) Artificial lighting has been added to the single rooms in certain wards.

(3) New machinery in the laundry.

(4) A lavatory basin has been fitted outside the w.c. of the main kitchen.

(5) Some new drainage.

(6) Further telephonic appliances.

(7) Provision of clothes pressing machine.

(8) Adaptation of some padded rooms to single rooms.

The most important work now in progress is the provision of two new verandahs in No. 7 male ward and in No. 2 female ward.

We began our inspection of the hospital at an early hour yesterday and have continued it to-day. We found the wards and dormitories clean and well kept, well supplied with books and papers, and generally comfortable.

There was a sudden drop in the temperature yesterday, and possibly that accounted for the fact that we thought some of the day rooms were rather chilly.

We were glad to find that letter boxes are now fixed in every ward, and that cupboards under double lock are provided for poisons. We found that nail brushes are now supplied for the use of the patients in all wards.

Where the patients suffering from tuberculosis are warded we found a separate cupboard provided for keeping the crockery used at meals by these patients, a precaution which, we think, is very wise and proper. We also saw in various places nests of lockers where patients may keep under lock and key any little treasures they may possess.

We should like to draw attention to the advisability of having the receptacles in which the soiled clothing is brought to the laundry properly cleansed and disinfected before they are returned to the wards. We were

informed that this is now done in the wards, and we think that it would be better if this were done by some simple arrangement of a jet of live steam in or outside the laundry.

We called attention to the dresses of some of the women patients, and were glad to be informed that this type of dress is being superseded by a more pleasing pattern and material.

We saw a very nice dinner (cold) being served, consisting of boiled bacon, pickles and potatoes, followed by milk pudding.

In the temporary buildings some very nice gardens have been made by the patients, which will add much to the appearance of this part of the hospital, and two excellent hard tennis courts have been made entirely by a member of the staff and patients of the hospital.

We found the patients nicely dressed and orderly and very free from complaints. One man complained of ill-treatment by the staff of the ward, and we felt it our duty to go somewhat carefully into the matter. We examined such members of the staff as were alleged to have been implicated, and we came to the conclusion, after hearing them and examining the case sheets and other contemporaneous documents that were luckily available, that there was no truth in the patient's story, though no doubt he believed he was telling us the truth.

We gave several private interviews and talked to everyone who desired to speak with us. From many patients we heard of the kindness and care with which they are treated by the medical and nursing staff.

In one ward we found an occupation officer giving instruction to patients, especially dementia præcox patients. This officer, who is in whole-time employment, instructs male patients in the morning and females in the afternoon, and we were interested to hear from Dr. Daniel that the old reports of the hospital show that efforts were being made in the direction of occupational therapy so long ago as 1836.

The changes which have taken place since the last visit have left on the books the names of 2,385 patients, but, 6 being out on trial, there were in residence at the time of our visit 1,022 men and 1,357 women—a total of 2,379.

Of the 206 discharges, 149 were on recovery. Seven patients were dealt with under s. 25, and 38 under s. 79 of the Lunacy Act. Of the 160 patients allowed out on trial, 81 were granted money allowances to assist them. There have been 202 deaths. Parole is normally allowed to 110 male patients within the hospital boundaries.

Although the return given to us shows a large amount of vacant day space, namely, for 440 males and 306 females, the night space shows overcrowding to the extent of 4 on the male and 26 on the female side.

The weekly maintenance charge for home patients is 26s. 10d., and for private patients up to 31s. 6d. The average weekly maintenance cost is 26s. 6·2d.

There has been no mechanical restraint.

Casualties have been somewhat numerous, and comprise 32 instances of fracture of a bone, one case of dislocation of a joint due to an accidental fall, and one of scalp wounds due to a homicidal attack by another patient, who has since been removed to the State Asylum at Broadmoor. Careful records of the details of all these occurrences have been kept and are before us, and, although their number is greater than usual, only 5 of the cases of fracture were due to altercations or struggles with either fellow-patients or members of the staff; one case was spontaneous in origin and 23 were due to simple accidents.

Among the 202 deaths (81 male and 121 female), there has been only one case of suicide, and this occurred while the patient was out on trial. This and 3 other deaths were the subjects of inquests, amongst which was the case of a patient on parole who absconded and was run over by a train.

Apart from these two fatalities all the deaths were from natural causes, verified by post-mortem examination in 39 per cent. This is a low propor-

tion. These examinations are of high importance: there is their general scientific interest, and there is also their protective influence both in connection with injuries and with the ascertainment of such hygienic conditions as tuberculosis and dysentery. We therefore hope that persistent efforts will continue to be made to increase this proportion.

As to causes of death, no less than 35 per cent. were returned as due to senile decay. General paralysis accounted for 17 of the male and 3 of the female deaths. Tuberculosis was the cause of death in 1 male and 4 female cases; that is, in only 2·5 per cent. of the total deaths—a very small incidence. The number of tuberculosis patients at present in the hospital is believed to be 10 on the male and 38 on the female side, besides 2 members of each sex of the staff.

Incidence of other infective disorders has been with respect to only one case of enteric fever and another of erysipelas (both women), 8 cases of lobar pneumonia, and 3 chronic cases of dysentery.

We found 117 patients in bed on the male side and 246 on the female side; that is, 12 per cent. and 18 per cent. respectively of the totals in residence.

We were well satisfied with the standard of medical attention and nursing all these patients were receiving. We, of course, should like to see many more than we did see in bed on verandahs; the extensions to the latter now being constructed will do something to mitigate the shortage here in facilities for open-air treatment.

We should like to see in each of the dormitories where sick nursing is carried out a dressing trolley of modern hospital type; in the wards in which we asked and were shown where the dressings are kept it struck us that there is plainly room for improvement in this matter.

None of the nursing on the male side is done by women, which seems to us a pity.

The nursing staff consists of:—

					Males.	Females.	Total.
Charge	-	-	-	-	40	51	91
Ordinary	-	-	-	-	124	148	272
Night	-	-	-	-	16	28	44

Of the male nurses 144, and of the female nurses 127, are certificated or registered as mental nurses, and 23 and 54 respectively have passed the preliminary examination.

In concluding this entry we should like to say how glad we are to learn that it is intended in the coming year to proceed with the erection of the admission hospital. It is also with great satisfaction that we learn of the link that has been established between this institution and St. Mary's Hospital in London.

Dr. Daniel has to assist him as resident medical colleagues Dr. Riches (deputy superintendent), Dr. R. Moloney, Dr. Comerford, Dr. Graham, Dr. Walker (at present seconded at the Maudsley Hospital), and three other medical officers.

London Mental Hospitals.—7. Horton.

December 7th, 1928.

I have to-day visited the hospital and, in the company of the deputy superintendent and others of the staff, have inspected every part of the institution. I am pleased to be able to say that I have found it throughout in excellent order, the fabric well maintained and the wards clean, comfortable, cheerfully and tastefully decorated, warm and well ventilated. Since the visit fourteen months ago paid by one of my colleagues and myself many additions and improvements have been carried out, and other important works are in progress.

Among those which have been completed, I was able to inspect the new room which has been erected for occupational therapy, where I saw and admired the patients' handiwork, the new installation for "light" treatment, and the solarium attached to C hospital. I also inspected the new nurses' home for 80 nurses which is now approaching completion. I was pleased to hear, also, that the proposed annexe to A hospital, to include three side rooms, a room for Plombières treatment, a "light" room and a verandah is likely to be commenced shortly.

I saw a good dinner about to be served to the patients. The meal consisted of meat pie, potatoes and cabbage, followed by rice pudding, all of which I found to be well cooked and palatable.

The changes which have occurred among the patients since last visit have been as follows:—

Eighteen male and 209 female patients have been admitted, 2 male and 8 female patients have been transferred to other care, and 1 male and 75 female patients have been discharged from reception order (of whom 38 of the females had recovered), and 16 were dealt with under s. 79 of the Lunacy Act.

During the same period 10 male and 93 female patients died. These changes leave on the statutory books the names of 271 male and 1,665 female patients, or 1,936 in all. Of the total number, 183 of the female patients are of the private class and 8 are out-county cases. Four patients—all female—were out on trial at the time of my visit, and one patient had escaped; there were thus to-day 1,931 patients in residence, all of whom, to the best of my belief, I have seen and have given the opportunity of speaking to me.

In general, I found the patients quiet, well behaved and contented, apart from those, of whom there were not many, who complained of unjust detention or of persecution by occult means. I gave private or semi-private interviews to three of the female patients and to an equal number of male patients, all requesting their discharge, for which in no case were they fit at present.

In the male wards, housing for the most part well-behaved working patients who are permitted parole, only one was in bed, under treatment for a physical disorder; and on the female side 109, or 6 per cent. of the female patients, were under treatment in bed for various physical complaints, including senile infirmity, or for mental reasons, or in the admission wards for observations. I left these wards deeply impressed by the thoroughness of the methods of diagnosis and treatment and the many evidences of careful and kindly nursing.

The general health appears to have been good during the period under review, and there has been no case of epidemic disease. Nor have there been any new cases of tuberculosis, though 13 patients are receiving treatment for the disease at present.

The mortality rate for the year ended December 31st last was 2·91 per cent. for the males and 6·75 per cent. for the females, and 6·22 per cent. for both sexes. Since last visit 10 males and 93 females have died, all, with two exceptions, from natural causes. In one of these cases the patient, a male, who suffered from degeneration of the heart muscle, died during the administration of an anæsthetic whilst under operation for appendicular abscess, and the other, a female, from asphyxia due to the obstruction of the trachea by a piece of undigested meat. In these two cases and one other, coroners' inquests were held, the verdict in the last case being death from natural causes. With the foregoing two exceptions, the principal cause of death was general paralysis (12), heart disease (19), pneumonia (9), senile decay (7), arterial disease (11), tuberculosis (5), organic brain disease (8), and a considerable variety of physical diseases not calling for special mention. The serious but not fatal casualties which have occurred, each involving some fracture of bone.

number 21, and all were due to accidental falls, pushes from fellow-patients, or, in one case, a fall during a fit.

There has been no employment of mechanical restraint, but 52 patients have been secluded for a total duration of 449 hours.

The present staff of nurses consists of 9 male and 64 female nurses of charge rank, 22 male and 177 female ordinary nurses, and 7 male and 41 female nurses on night duty. Of the male nurses, 17 are certificated or registered as mental nurses and 7 have passed the preliminary examination, and of the female nurses 78 are registered or certificated as mental nurses and 51 have passed the preliminary examination.

As from November 1st of this year an important departure, which is certain to prove of great value, has been made at this hospital by Col. Lord, with the approval of the London County Council, whereby certain of the honorary visiting staff of the Royal Free Hospital act in a consultative capacity and pay routine visits as required, and also lectures of clinical psychiatry for the London School of Medicine for Women are delivered at the hospital, Horton, Col. Lord having been appointed lecturer in clinical psychiatry. These lectures are given to fourth year students during three terms in the year, each term of ten lectures, each followed by clinical demonstrations in the wards.

Since last visit Dr. Hancock has been appointed to the post of medical superintendent at Barming Heath mental hospital, and has been succeeded by Dr. Nicol as deputy superintendent here.

London Mental Hospitals.—8. Long Grove.

December 4th, 1928.

Having commenced yesterday morning, I have to-day completed my visit of inspection of this hospital on behalf of my Board, and am able to report that I have found it throughout maintained in excellent order. Since the visit last year of one of my colleagues and myself a number of minor improvements have been carried out, including the provision of extra lights in the main kitchen, sanatorium dormitory, acute hospital and infirmary wards, whilst the adaptation and redecoration of J 2 ward is on the point of completion, and the ward will be opened for the housing of 65 male acute patients towards the end of this week.

Since our last visit on October 25th of last year 334 patients, or 186 males and 148 females, have been admitted; 76 patients, or 47 males and 29 females, have been transferred to other care; and 117, or 56 male and 61 female patients, have been discharged from reception orders. Of these discharges 38 males and 47 females had recovered, whilst 9 males were discharged under s. 25 of the Act and 4 males and 9 females under s. 79. During the same period 79 male and 46 female patients, or 125 in all, have died.

These changes leave on the statutory books the names of 1,063 male and 1,020 female patients, or 2,083 in all, or 16 more than at our visit a year ago.

Of the total number now on the statutory books, 178 males and 28 females, or 206, are classed as private patients, the number of male private patients, however, including 131 "Service" patients and 21 "ex-Service" patients.

At my visit to-day only 2 patients were out on trial, one male and one female, the number in residence to-day therefore being 2,081. This number is 13 in excess of the night accommodation provided, borne almost entirely on the female side. In this relation I was glad to hear that plans are in progress for the erection of a sanatorium on the female side and also a nurses' home, which together will not only liberate much needed accommodation on the female side but greatly add to the efficiency of the hospital.

The weekly maintenance charge for London County patients is 26s. 10d. and for those of the private class from 26s. 10d. to 31s. 6d. per head.

During the course of my tour of the hospital I have seen to the best of my belief all of the patients in residence, and found them generally quiet and well-behaved, even in the wards for patients of the "acute" class. I received very few complaints of any kind and all, with two exceptions, were of unjust detention. In no case did I find the patient fit for discharge at present. Of the two excepted complaints, both of ill-usage by members of the nursing staff, one was of a hallucinatory nature and concerned not the patient himself but others, and in the second, made by a female patient, I was able to satisfy myself by investigation and a personal examination of the patient that the charge was quite untrue. I gave a private interview to one patient, whose name I have entered in the patients' book, and satisfied myself that he was not fit for the discharge which he requested. I was especially pleased with the clothing and footwear of the patients in all parts of the hospital, alike in warmth, material, condition and fitting, and found the wards and corridors throughout well warmed, pleasingly decorated, comfortably furnished, and in excellent order, and those in wards for the sick and in bed in receipt of every proper care and attention.

Since last visit in no case has mechanical restraint been employed, but 17 male and 109 female patients have had to be secluded for a total duration of 8,465 hours.

The general health during the last twelve months has been good, but there have been 4 cases of enteric fever on the female side and a like number of cases of dysentery, 3 of whom were on the female side among the patients, and one case of enteric fever among the female nursing staff. Enteric fever and dysentery have cropped up sporadically for many years, notwithstanding every effort to prevent the spread of infection from, in the case of enteric fever, known "carriers." To-day one patient is still suffering from enteric fever, but no cases of dysentery have occurred since June of this year. As to tuberculosis, there are at present 8 male and 9 female patients suffering from the disease, a number below the average considering the number of patients here.

The mortality rate for the year ended December 31st, 1927, was the low one of 5.36 per cent., calculated on the average number resident, or 6.13 per cent. for the males and 4.55 per cent. for the females. Since last visit 79 male and 46 female patients, or 125 in all, have died, all deaths, with two exceptions, having been due to natural causes. Of the two excepted deaths, one was due to suicide, the patient, a male, having hanged himself whilst absent on a period of trial, and the other, also a male patient, died from heart failure and shock following a suicidal attempt by self-injury. The facts in both cases were communicated to my Board at the time, and both were the subjects of coroners' inquests. Of the remaining 123 deaths, heart disease was the principal cause in 49, general paralysis in 10, pneumonia in 9, malignant disease of various organs in 10, tuberculosis in 3, enteric fever in 2, and dysentery in one. None of the remainder of the deaths calls for particular mention.

During the period under review there were six serious but non-fatal casualties among the male patients and fourteen among the female patients. Of the male casualties, two were due to blows from other patients and the rest due to accidental falls; whilst of the more numerous casualties among the female patients the causation in two cases was obscure and the remainder due to falls accidentally sustained.

The present nursing staff consists of 30 male and 33 female nurses of charge rank, 126 male and 135 female ordinary nurses, and 17 male and 17 female night duty nurses. Thirteen female nurses are employed on the male side.

Of the total staff of nurses, 129 male nurses and 41 female nurses are certificated or registered as mental nurses and 22 male and the same number of female nurses have passed the preliminary examination.

Dr. Ogilvy is ably assisted by his deputy, Dr. J. E. Martin, and Dr. E. G. Poynder, who is in medical charge of the male side, and four other assistant medical officers and one *locum tenens*.

London Mental Hospitals.—9. West Park, Epsom.

December 19th, 1928.

We began our annual inspection of this hospital yesterday morning, and are glad to be able to report that we have found everything to be in a most satisfactory condition and everything possible being done for the happiness and welfare of the patients. The decoration of the hospital is now practically complete and has been carried out most tastefully, the wards being bright and cheery. Many of them had been or were being decorated for the Christmas festivities, and were looking extremely pretty. There is still room for more pictures, bird cages and objects of interest in the wards, and we hope that these will be obtained by degrees. We were particularly pleased with the arrangements made, in the large room upstairs between the male and female admission blocks, for the amusement of the patients in those blocks. The room is nicely and comfortably furnished and has a piano, and the female and male patients are allowed to foregather here in the evenings and amuse themselves with music and dancing—a most admirable arrangement, and one which must be for the benefit of and add to the pleasure and contentment of the patients.

We made particular enquiries as to the poison cupboards in the wards, and were glad to find that now all poisons are kept under double lock.

A large number of alterations and improvements have taken place since the last visit, but they are of a minor character and need not be specially mentioned here.

A certain amount of ground has been reclaimed and dug for flower borders near the villas; at Farmside a bowling green is in course of construction, and a good strip of ground is being levelled behind Woodside to serve as a playground where patients can amuse themselves at football and so on.

The available space at the hospital on the female side has not permitted more rooms to be set aside as clinical rooms on the female side.

Much work has been done in the grounds, and in a year or two they should look most attractive, and the hedges having grown up will perhaps permit of some of the railings being removed.

Since the last visit by two of our colleagues 908 patients have been admitted, 344 have been transferred to other care, 289 have been discharged (170 upon recovery), and 240 have died. Nine patients have been dealt with under s. 25 and 82 under s. 79 of the Lunacy Act, 1890. The patients allowed out on trial number 190, money allowances being granted in 83 cases.

There are now on the statutory books 2,091 patients, of whom 20 were out on trial at the time of our visit, leaving in residence 1,130 men and 941 women, a total of 2,071. There are 98 private patients, of whom 34 are females; 40 are "Service" and 3 "ex-Service" patients. Out-county patients number 23.

It is most gratifying to find that 90 male and 35 female patients have parole beyond the estate, and 300 male and 149 female patients have a limited parole. Our enquiries showed that this large measure of freedom is much appreciated and that the privilege is practically never abused.

Seven male and 5 female wards are administered on the open-door system.

Calculated on the day space available, there are now in the hospital vacancies for 68 males and 80 females, but on night space there is overcrowding on the male side of 2 and 27 vacancies on the female side.

The average weekly maintenance charge per head is 26s. 10d. for home and 26s. 10d. to 31s. 6d. for private patients, the average weekly maintenance cost as last ascertained being 27s. 3·6d.

There has been no mechanical restraint.

There is one matter to which we should like to draw the attention of the Committee, as it is one which, in our opinion, is important and constitutes something in the nature of a blot upon this otherwise beautiful hospital, and is not in accordance with modern hygienic requirements, that is, the presence of a refuse heap in a corner of the hospital grounds. We understand that the refuse is constantly removed by the local authority, but some must always remain and every day it is being added to, and, bearing in mind the possibility of danger of fly-borne disease, we feel that this refuse should be properly dealt with in an incinerator.

We found the patients, all of whom we believe we have seen, except of course those now on leave, were very orderly, free from complaints, nicely clothed, and apparently comfortable and happy. We gave private interviews to seven patients and a number of private interviews during our tour of the wards. We tried to give everyone an opportunity of speaking to us, and several spoke to us of the kindness they had received from the medical and nursing staff. We saw a nice dinner being served of hot boiled bacon, potatoes and greens, and marmalade pudding. The wards were warm and comfortable, well supplied with books and games of all sorts, and writing paper and envelopes for the use of patients. The dormitories were well kept and the beds and bedding all that could be desired.

We also, in the course of our visit, saw the beautiful church, the viewing room, the laboratory, work shops, etc.

The general health has been good during the period under review. The hospital has been entirely free from influenza and no case of enteric fever has occurred. There have, however, been 8 cases of mild dysentery, all in one of the male wards, during the last month of 1927 and first of 1928, since which date there has been no recurrence. There have also been 2 cases of erysipelas and one case of pellegra, which last case is still under treatment. To-day there are 21 cases of pulmonary tuberculosis under special treatment and 7 cases of surgical tuberculosis. Considering the number of patients under treatment, these numbers give low tuberculous rates as compared with the mean rates for all mental hospitals, namely, 4·7 per 1,000 of population for new cases notified as compared with the mean rate of 9·1 per 1,000 and 3·1 per 1,000 deaths as compared with the mean of 6·6 per 1,000 deaths for all mental hospitals.

The mortality rate for the year ended December 31st, 1927, was 8·68 per cent., calculated on the average number daily resident, or 11·26 per cent. for the male and 5·76 for the female patients.

Since the last visit 120 male and the same number of female patients have died. In two male cases death was due to suicide. One of the patients had escaped from the hospital six days before he was discovered dead, having hanged himself; and the other, a quiet working patient, never suspected of suicidal tendencies, inflicted wounds upon his throat, from which he died five days later. In a third case, a female patient, death was due to pneumonia following—a frequent *sequela*—an accidentally sustained fracture of the thigh. Inquests were held in each of these cases, and also in one further case, a female, who died from natural causes soon after admission.

All the remaining deaths were from natural causes, verified by post-mortem examination in 114 cases. The principal causes of death were arterio sclerosis, including senile arterial changes (52), general paralysis (36), pneumonia (38), heart disease (28), tuberculosis (12), organic brain disease (11), and encephalitis lethargica (4). There were no deaths from enteric and only one from dysentery, and the remaining deaths call for no special notice.

In all, 16 serious but non-fatal casualties have occurred, all accidentally sustained.

We have been most favourably impressed by the admirable clinical work carried out in the wards, by the intimate knowledge of the cases, and by the careful records kept by the medical staff. There is a special department or neurological section in charge of Dr. McCartan, an encephalitis lethargica section in charge of Dr. Anderson, one for malaria therapy under Dr. Hinchco, a pathological department under Dr. Astley Cooper, and a new actino-therapy department under Dr. Ogden. The last department was only opened in October last, and by November 17th had already treated 52 patients. The total attendances of the patients numbered 625, with favourable and in two cases strikingly good results. The co-operation in individual cases of so many special services has naturally resulted in excellent team work, which cannot fail to conduce to accuracy of diagnosis and the employment of the most approved modern therapeutic methods. We think, however, that, notwithstanding the accessibility of Horton, the provision of an X-ray installation on the spot, for which there is conveniently situated accommodation, is really needed, and that its want will yet be felt.

We have been much interested to learn that the question of affiliating this hospital with one of the London teaching hospitals is under consideration. An arrangement of this kind, already in existence at other of the mental hospitals of the London County Council, by which the hospitals have the advantage of eminent consultants and specialists, and the students at the teaching centre the benefit of clinical instruction at the hospital, cannot be too highly commended.

Our visit was a most satisfactory and enjoyable one, and we congratulate the Committee and the medical superintendent on the high state of efficiency we found in the course of our two-day inspection.

London Mental Hospitals.—10. The Maudsley.

November 28th, 1928.

I have to-day visited and, accompanied by Dr. Mapother, the medical superintendent, have inspected its various departments, all of which I have found in excellent order. Since I visited the hospital with one of my colleagues on October 5th of last year, the following changes have occurred: 369 male and 414 female patients, or 783 in all, have been admitted; 722, or 336 male and 386 females, have been discharged; and 19 male and 22 female patients have died, leaving to-day on the statutory books the names of 70 male and 103 female patients, or 173 in all. With the exception of some few who were out for exercise or amusement and one male patient under treatment at King's College Hospital, I saw all the patients in residence, and found them in receipt of every care and attention and in general highly appreciative of their comfort and treatment. The general health during the period under review has been good and no case of epidemic disease has occurred among the patients, though one member of the female staff had an attack of whooping cough and another nurse of German measles. With two exceptions all of the deaths were from natural causes, the circumstances of the two excepted cases being fully communicated to my Board at the time. Only four cases of casualties involving fracture of bone have occurred, all due to accidental falls.

Turning to the out-patient department, there were attending for treatment at our last visit 282 men, women and children. Since that date 1,394 have been registered, and of the total number 377 are still attending as out-patients, whilst 350 have been admitted to the hospital as in-patients.

A certain number of improvements have been carried out, including the widening and enclosing of the bridges connecting wards 2 and 5, 3 and 6, augmenting the accommodation by sixteen beds; the steam heating of

the nurses' home; the provision of sun-blinds for the verandahs of wards 1 and 4 and on one of the bridges; the fitting of revolving shutters to the single rooms in wards 1 and 4, and the provision of additional lights in private patients' rooms.

Certain changes have occurred among the medical staff. Dr. Wm. Moodie, deputy medical superintendent, who was appointed Director of the proposed Child Guidance clinic, is at present absent in America studying the methods of other similar clinics, whilst Dr. Thomas Tennent, who had been awarded a Rockefeller Fellowship and was absent in America at our last visit, returned to the hospital last August. Dr. Rosalie E. Lucas, who has been appointed assistant psychiatrist to the proposed Child Guidance clinic, is leaving to study in America next month, and will be replaced by Dr. Mildred Creak. Dr. J. S. Harris is acting as deputy medical superintendent in the meantime, and Dr. Aubrey Lewis and Dr. C. P. Blacker are assistant medical officers, whilst Dr. Golla, pathologist, continues to direct the important works carried out in the laboratories with the assistance of a number of research students and independent workers. At the conclusion of my visit I have again been impressed by the admirable manner in which the hospital is carrying out and developing the high ideals of the founder, in the early treatment of incipient mental disorders, in the promotion of scientific research and the provision of scientific instruction. If I may, however, I would mention one or two points which struck me at my visit, points which no doubt are receiving the consideration of the hospital Committee. One of these was the large amount of work carried out in the out-patient department by a comparatively small number of medical officers in what seemed to me an insufficient number of rooms; the second was the presence of juvenile in-patients in the wards for adults; and the third was the absence of any separate building for restless and at times noisy patients, the last a point which forced itself upon my notice at one part of my tour of the wards.

Middlesex Mental Hospitals.—1. Springfield.

December 20th, 1928.

Since the visit by two of our colleagues a little over a year ago, 615 patients have been admitted, 28 have been transferred to other care, 250 have been discharged (203 upon recovery), and 145 have died. Forty-seven patients have been dealt with under s. 79 of the Lunacy Act, 1890, and 179 have been allowed out on trial to test their fitness for discharge, money allowances being granted in 23 cases under s. 55 and in 49 cases from the Queen Adelaide Fund.

There are now on the statutory books the names of 1,619 patients, but at the time of our visit 13 patients were away on trial, leaving in residence 581 males and 1,025 females, a total of 1,606.

Parole is usually allowed to 80 male patients within the estate. There are in the hospital 128 private patients, of whom 49 are female, 67 are "Service," and 6 "ex-Service" patients.

There are vacancies in the hospital, calculated upon the day and night space, for 35 females, but the male side is overcrowded to the extent of 10.

The weekly maintenance charge per head for home patients is 24s. 6d., for private patients 43s. 9d. (and for out-county 64s. 9d.), the average weekly maintenance cost as last ascertained being 25s. 3 2-16d.

There has been no mechanical restraint or seclusion since the last visit.

Since the last visit additional accommodation has been provided for 50 male patients by the erection of a block of temporary buildings. These buildings have just come into occupation, and appeared to us to be well warmed and comfortable. We were pleased to see that these quarters were nicely and comfortably furnished and very well supplied with books, bound periodicals, magazines, etc., of which the patients, the day being wet, were making full use.

Amongst other improvements are improved w.c.s in one male and 4 female wards, alteration and improvement of the domestic hot water system, the reconstruction of 2 padded rooms on the female side, a large increase in the number of garden seats, improvement of the telephone system throughout the hospital, the lighting by electricity of a number of single rooms, and some minor alterations and improvements.

Among the important works now in progress are the installation of a new heating system, the improvement and enlargement of the cold storage chambers, and the installation of a cool chamber at the mortuary.

We saw all the female patients at the main building, with the exception of those in the laundry ward, and the 247 cases at Malden, yesterday, leaving the male cases, laundry ward and annexe until to-day.

At Malden we stopped some time in the hall, where a very good concert was in progress, at which about 100 female patients were present, and evidently much enjoying the music and singing.

We found the wards and dormitories clean and comfortable, though some of the latter at Malden were, we thought, rather chilly, in spite of good coal fires burning in the grates.

Many of the day rooms were being nicely decorated for Christmas. There seemed to be a good supply of books and games in all wards and a good supply of writing paper for the use of patients.

It was visiting day yesterday, and a large number of patients were seeing their friends, and this involved the absence of a good many of the female staff from the wards, with the result that there was not quite the same quiet and orderliness on the female side as on the male. Amongst the men the quiet, orderly behaviour in all wards was very marked.

We gave private interviews to three male and one female patients. The former are not yet fit for discharge, and the latter did not complain of detention, but was worried about some property to which she thinks she is entitled, and our enquiries on the matter lead us to believe that everything possible is being done to enable her interests to be protected.

We were very glad to hear that the Committee are contemplating further improvements to their hospital, which, when they mature, will add very much to its usefulness and to the comforts of the patients and staff. These are the adaptation of the annexe for an admission hospital, the erection of a new infirmary for 200 patients, the erection of a nurses' home for 150 nurses, and two houses and a cottage for the medical officers and engineer respectively.

The general health of the hospital has been good on the whole, and there has been no occurrence of either influenza or dysentery. In March and April, however, there were 11 cases of small-pox, all on the female side, the disease, it is believed, having been imported into the hospital by a patient in the early stages; also, there were two cases of scarlet fever and 7 cases of enteric fever.

The cases of enteric fever arose sporadically—two on the male and five on the female side—during the months of April, June and August, and although every effort was made by the hospital staff, backed by the great resources of Westminster hospital, to which this hospital is affiliated, the original source of infection eluded discovery. The good general health among the patients was reflected in the satisfactory mortality rate for the year 1927 of 7.92 per cent. (males 8.08 per cent., females 7.82 per cent.), calculated on the average number daily resident.

Since the last visit 62 male and 83 female patients have died, or 145 in all. With 4 exceptions, all of which were the subject of inquests, and the circumstances of which were fully communicated to our Board at the time, the deaths were from natural causes. Of the four excepted cases one, a male patient, committed suicide whilst on parole; another, also a male patient, whilst out on trial was found dead in circumstances which suggested suicide; and in a third the patient's death followed fracture of ribs, sustained before admission. In the fourth case the patient—a deter-

minedly suicidal woman—succeeded in obtaining and swallowing a quantity of lysol which had been kept for disinfecting purposes. This case, in addition to the coroner's enquiry, was the subject of a special enquiry by two members of our Board.

In the remaining cases the principal causes of death were senile decay (28), exhaustion (20), heart disease (14), tuberculosis (14), general paralysis (17), organic brain disease (8), epilepsy (8), pneumonia (4), enteric (3), and in the remainder a variety of diseases not calling for special mention.

In all, there have been 11 serious but non-fatal accidents, 7 in the female and 4 in the male side, during the 13 months under review, all due to accidental falls or struggles with other patients. There are to-day 5 male and 3 female patients under treatment for tuberculosis in separate small dormitories.

We are glad to know that the additional accommodation proposed at this hospital is to include verandahs for the open-air treatment of tuberculosis and other suitable patients.

Although the hospital from the point of view of its construction stands greatly in need of the additions and adaptations which are in contemplation, we have been much pleased with the evidence everywhere of the careful and skilled treatment of the patients by a thoroughly efficient and devoted staff. It has been a pleasure to witness the obviously good relations subsisting between patients and staff, even in the wards for the restless and turbulent, and to be satisfied, as we have been, that every avenue of hospital treatment is thoroughly explored and, as the recovery rate shows, with considerable success. The staff consists of:—

						Males.	Females.	Total.
Charge	-	-	-	-	-	27	20	47
Ordinary	-	-	-	-	-	56	112	168
Night	-	-	-	-	-	15	15	30

Seventy-two male and 44 female nurses are certificated or registered as mental nurses, and 7 of the former and 20 of the latter have passed the preliminary examination.

Dr. Worth has to assist him Dr. G. W. Smith, deputy superintendent, and Drs. Shore, Harris, Dick, and Violet Cameron.

Middlesex Mental Hospitals.—2. Napsbury.

December 21st, 1928.

We have spent yesterday and part of to-day in the annual inspection of this hospital on behalf of our Board.

We are glad to be able to say that we are very satisfied with the result of our visit, and have found the hospital well maintained and administered.

Since the last visit by two of our colleagues in May, 1927, 627 patients have been admitted, 64 have been transferred to other care, 248 have been discharged (160 upon recovery), and 191 have died. Only 12 cases have been allowed out on trial, money allowances being granted in 10 of them. We see that the small number of patients allowed out on trial was the subject of comment by our colleagues in their entry after the last visit, and we agree with them that the system of allowing patients out on trial to test their fitness for discharge is one the value of which has been amply proved, and we hope that the system will be practised here more fully in future than appears to be the case at the present time.

There are now on the statutory books the names of 1,944 patients, but at the time of our visit one female patient was out on trial, leaving in residence 809 male and 1,134 female patients, a total of 1,943.

Parole is usually granted beyond the estate to 26 men and 30 women, and within the estate to 74 men and 120 women.

There are 103 private patients, of whom 27 are females, 62 are "Service," and 3 are "ex-Service" patients. Out-county patients number only 6. There are boarded out under reception contracts 25 male and 205 female patients, 230 in all.

Two villas on the male and one villa and two wards on the female sides are administered upon the open-door system.

Although the returns given to us show vacancies in the hospital for 9 males and 6 females in night space, the day space shows overcrowding to the extent of 10 upon the male and 62 upon the female side. In passing, we may here mention that we were very glad to note the neat little metal labels at the entrances to wards and dormitories showing the superficial area of each.

The weekly maintenance charge per head is 24s. 6d. for home and 38s. 6d. for private patients, the average weekly maintenance cost for the year as last ascertained being 21s. 9 2-16d.

There has been no mechanical restraint or seclusion.

Since the last visit some important alterations and improvements have been completed, among which we may mention the enlargement and conversion of the isolation hospital into a sanatorium for tuberculosis patients, the erection of new verandahs to wards M 1, F 1, and F 11, the erection of a new bath house for female patients, and the substitution of slipper for spray baths in the old bath house. There has also been a considerable amount of interior and exterior painting and decoration. We must not omit to mention the completion of the new nurses' home standing to the south of the hospital adjoining the sports ground. This home was opened by the Chairman of our Board on Tuesday, October 23rd, 1928, in the presence of the Chairman and Vice-Chairman of the Standing Sub-Committee and a large number of people. One of us had an opportunity of going over the home yesterday, and we are confident that this progressive policy on the part of the hospital Committee will be for the great advantage not only of the nursing staff but also of the patients at Napsbury.

We found the wards very comfortable and nicely warmed, well supplied as a rule with books and plants, and very clean. We confess that we should like to see the wards set apart for the more difficult patients made brighter with plants and so on, and we think that in a very short time the patients would learn to treat such decorations, put there for their pleasure, properly. We have noticed in many places that wards of this sort, and occupied by exactly the same class of patients, are decorated in the same way as other wards containing quiet patients, and our enquiries show that after a very short time the breakages are no greater than in other parts of the hospital.

We saw in the kitchen and in the wards a very nice dinner being served, which we tasted and found to be good and well cooked, consisting of fried fish and apple pudding.

The patients throughout the hospital were very orderly and very free from complaints. In addition to 9 private interviews, we gave interviews to many more and endeavoured to talk to everyone who showed the slightest desire to speak to us.

We were glad to hear that the capes used on both sides of the hospital are gradually being replaced by overcoats.

The opening of the new nurses' home will enable a larger number of singles rooms to be set aside as clinical rooms, and we understand that the medical superintendent intends to do this wherever he can.

In one of the villas we saw a very excellent type of locker by the bedside, which is not only very well designed for its purpose as a locker, but also makes a very efficient bed table.

The general health of the hospital has been good, and the only disease of an epidemic nature has been the occurrence of eight cases of enteric fever limited to two wards on the female side—wards 9 and 13—in which many patients of faulty habits are resident. Following the segregation and examination of all patients who had at any time been attacked by

enteric fever, two "carriers" were discovered, and appropriate steps for the prevention of further spread of the disease taken. Nevertheless, a further case—one of the eight referred to above—occurred subsequent to the detection of the two "carriers," and a search for any other "carriers" is still being made.

At present one female patient is still under treatment for enteric fever.

The number of patients under treatment for tuberculosis to-day is 23 (males 9 and females 14), and in this relation we note that both in regard to the proportion to population of cases of tuberculosis notified during the year 1927 and the ratio of deaths from tuberculosis to population, the hospital gives higher proportions than the mean of all mental hospitals in England and Wales.

The mortality rate for the year 1927 was 7.47 per cent., calculated upon the average number daily resident, and was practically equal for both the sexes. Since the last visit 98 males and 93 females have died, all with 4 exceptions from natural causes.

Of the excepted cases, one, a male patient, escaped and committed suicide by drowning before recapture; another, a female patient, not considered suicidal, succeeded in hanging herself under her bed in a single room, in circumstances fully communicated to our Board at the time; and the third—also a female patient—died from peritonitis caused by a large number of hairpins she had swallowed. In the fourth case a male patient died from intestinal obstruction caused by a number of tooth brushes which he had swallowed some time previously, most of them probably before admission. Of the total number of deaths, the causes were confirmed by post-mortem examination in no less than 175 cases, a very satisfactory proportion. Of these cases, the only notable features were tuberculosis in 24, or over 12 per cent. of the total deaths; pneumonia in 23, general paralysis in 24, and enteric fever in 2. There were no deaths from dysentery, from which disease the hospital has been entirely free.

There have been 16 serious but non-fatal accidents, of which 12 were on the female side and were all due to accidental falls or, in 3, to impulsive acts of the patients or fellow-patients.

We are satisfied that the patients under treatment in bed are well and kindly nursed and skilfully treated; we hope, however, that the Committee will see their way, now that the efficacy of actino-therapy rests on a sure basis, to provide the necessary equipment for violet-ray treatment. We feel, moreover, that we should mention the benefits which have accrued in other important mental hospitals where a scheme of affiliation of the hospital to a teaching hospital or centre has been arranged, whereby the mental hospital has the advantage of the consulting and specialist services of the teaching hospital and the latter the opportunity for its senior students of clinical instruction in the wards conducted by the mental hospital medical staff.

Dr. O'Neill has to assist him Dr. Beasley, deputy superintendent, Drs. Roachsmith, Hewitt, Vivian Barkin, Still and Martin.

Monmouthshire Mental Hospital.

June 22nd, 1928.

As a result of our visit to-day to this institution we can report with pleasure that it continues to be very well maintained and to afford good and comfortable accommodation for the patients resident therein. Owing to the failure of the firm of contractors, the completion of the alterations to the wards No. 1 on each side, to convert them into admission wards, has been delayed, but the work is now practically complete, as is also the extension of the heating scheme, and it only now remains to make good and to redecorate the parts concerned. Works completed since the last visit of our colleague include the fitting up of a padded room on each side, the provision of wall ladders in F 7 and 8, and the erection of

verandahs to wards 1 in each division, M 9a and F 7, the only one at present in use being the one on the first storey in M 9a.

The day rooms and galleries generally are very well kept, and present a very homely and comfortable appearance, being well supplied with abundance of books, with plants and flowers, games and objects of interest, though in one or two wards we noticed some empty bird cages.

We visited the six outlying houses and cottages and Maindiff Court. The former give homelike and comfortable accommodation to some 61 men and 28 women. Maindiff Court at present houses 28 male patients. Though a good deal of renovation and repairs may be called for, it has good accommodation for a larger number, in particularly attractive surroundings, and it seems a pity that full use should not be made of it. It has occurred to us that it might prove a great boon to persons of slender means, who are nevertheless able to pay something above the ordinary weekly charge for the rate-aided patients. And for this class, if we remember rightly, there is small provision in Wales, and none in this county.

During the past ten months the following changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	78	64	142
Transferred to other care - -	3	—	3
Discharged from order - -	20	34	54
of whom had recovered - -	10	21	31
Allowed out on trial - -	23	35	58
of whom granted allowance -	6	2	8
Died - - - - -	35	21	56

There are now on the statutory books the names of 1,188 patients, in the proportion of 619 males to 569 females. Three men and 4 women are out on trial, leaving a total of 1,181 patients in residence. The average number in residence during last year was 1,160—600 men and 560 women. The total accommodation is for 590 men and 568 women by day and for 614 men and 557 women by night. The hospital is therefore full, and there are about 26 male patients in excess. Out-county patients number 22 men and 98 women, 70 of the latter being received under contract from the County of London, and 22 men and 26 women from the Borough of Swansea.

There are 100 private patients—68 men and 32 women, 50 of the former being of the “Service” or “ex-Service” class. No separate or special accommodation is provided for the private patients.

The weekly maintenance charge is, for the home patients, 17s. 9½d. a head, and that for the private patients from 19s. 6½d. to 42s. The average weekly cost as last ascertained was 18s. 7½d.

We found the patients of both sexes very quiet and orderly and free from complaints of any kind. Their dress and clothing were neat and tidy and their personal appearance satisfactory.

Parole is given to 36 men to go beyond the estate, and 80 men and 21 women have it within the grounds. One ward on either side, and the outlying houses and the cottages are administered upon the open-door principle.

The gardens and grounds are well kept, and generally we may say the whole institution is in very good order.

There is but little to comment upon in the medical statistics. This, however, is one of the few mental hospitals at which the male patients outnumber the women, the respective numbers, after deducting out-county cases, being 594 and 467. It would be of interest to know how far this departure from experience in most areas is explained, either by distribution as to sex in the general population (in corresponding age periods) or by other factors.

A remarkably low death rate continues to obtain; for the year 1927 it was 5·2 per cent., the male and female percentages being respectively 6·5 and 3·9. It, together with the satisfactory appearance of the patients and the almost total absence of infective disorders, suggests that the general health of the institution continues to be good.

As to infective disorders, there have been 15 cases (including one member of the staff) of influenza, three doubtful cases of dysentery, and a comparatively small incidence of tuberculosis, namely, 5 cases (9 per cent.), among the deaths, and 21 cases—8 men (including one member of the staff) and 13 women—now under treatment. There is one case (a woman) regarded as pellagra.

With respect to dysentery, including the 3 doubtful cases, there have been 40 cases (25 males and 15 females) of diarrhoea, of which 22 were classed as "severe," but reliance for diagnosis has been placed, apart from clinical observation, which has been clearly careful, upon negative results from specimens of the blood sent away for examination. How far that is safe may be open to doubt; it would be undoubtedly desirable to submit specimens of excreta to prompt examination in the hospital's own laboratory.

The laboratory is a good one and by no means ill-equipped, and, as part of the manifest spirit of progress which is shown here, we would urge strongly that it be brought into full activity. To bring this about, we suggest the appointment of a full-time, properly trained laboratory assistant. In this connection, and feeling that three assistant medical officers can barely be regarded as sufficient for not far short of 1,200 patients, we would also urge that at least a temporary medical officer should be appointed during the time when the medical staff are away on annual leave. We are glad to know that the Committee approve the granting of study-leave, and hope that advantage will be taken of this privilege.

All the 35 male and 21 female deaths were from natural causes, verified by post-mortem examination in the highly commendable proportion of 92 per cent.

We saw a well-served and in all respects excellent two-course dinner being taken in the hall, where 480 patients were assembled, and the dietary seems in general a good one. We examined a number of articles in the stores, and thought their quality to be good. The margarine contains 10 per cent. of butter. We have some doubt as to the sufficiency of the supply of milk; condensed milk, we gather, is used for making tea, whereas we should much prefer that such should only be used in emergency, and that no milk should be creamed except that which is really surplus. There has been no issue so far this season of salad at tea.

The nursing staff consists of 77 male and 86 women nurses, of whom 7 and 8 respectively are on duty each night. The numbers on duty in the wards during our visit were 46 on the male and 56 on the female side. Of the men, 56 per cent.—a highly creditable proportion—are certificated in mental nursing. The corresponding percentage of the women is only 13 per cent., but another 20 per cent. have passed their preliminary examination for this certificate.

We are very well satisfied with the care—medical and nursing—of which the 56 male and 61 female patients in bed are evidently in receipt, and—subject to what we have said about the laboratory—with the efforts made to apply modern medical requirements in diagnosis. We saw a number of cases which we thought might benefit by ultra-violet radiation were such means available.

We understand that no cinema entertainments are given here. We have recently seen at another mental hospital an apparatus for exhibiting these which could be safely given in a hall or room without being specially screened off. It is called the Kodascope.

As resident medical colleagues, Dr. Phillips has Dr. P. Lornie (deputy superintendent), who is away on leave, Dr. D. E. Jones and Dr. W. J.

McCulley. Provision of out-patient treatment of mental illness, in its incipient and early stages, we are convinced would obviate many a case ultimately requiring treatment—sometimes prolonged—in the county's mental hospital. We suggest that it is a matter well worth consideration, and that perhaps such a centre might be established with the collaboration of the authorities of the Newport Royal Gwent Hospital in such a manner that the expert services of the medical staff here and at the Newport Mental Hospital may be available for this preventive and otherwise valuable work.

Norfolk Mental Hospital.

March 14, 1928.

According to the returns made to us to-day, at the termination of our visit, it appears that there is an excess of 3 male patients, and that there are in the female quarters vacancies for 41 patients. As the sanatorium has been prepared for the accommodation of 22 patients of each sex, the position will be improved, but the margin on the men's side will be but a small one. What we should, of course, like to see here is a properly equipped admission hospital with its ancillary convalescent villas. These amenities to the classification and treatment of the patients will, we trust, be kept in mind and taken in hand on the first favourable opportunity.

Renovation is proceeding in male C ward, where there are 111 patients, and we think that consideration might be given to the feasibility of dividing this ward into two wards of more workable and comfortable size.

A new washing machine is in process of being installed in the foul laundry and a verandah is in course of construction in connection with male F ward. Beyond these no fresh work or additions to the hospital have been taken in hand since the last visit, about twelve months ago, but we found the institution in very good order throughout, and noticed with approval the number of attractive single rooms and the many bedside lockers on the female side.

All the patients in residence have, we believe, been seen by us, and we feel satisfied that they are receiving kindly and tactful supervision, in good surroundings, and that the diet is sufficient and varied.

Since March 7th, 1927, there have been 229 admissions, 91 patients have been discharged (70 on recovery), 15 have been dealt with under s. 79 of the Lunacy Act, and 82 have been allowed out on trial. The deaths number 72.

There are 1,122 patients on the books—males 466, females 656. The "Service" patients are 52 in number, and 100 patients are received under contract from the Borough of Great Yarmouth.

Four patients are on trial, leaving in residence 466 males and 652 women.

As many as 80 patients have full parole, and 130 a more limited freedom within the estate, including amongst them a large number of women, whilst there are one open door on the male and two on the female side.

The maintenance rate for home patients is 22s. 9d., and for out-county patients 29s. 9d.

There has been no mechanical restraint.

The average number of patients employed is 62 per cent. Seventy of them are engaged on the farm and gardens, 115 in the sewing room (where attention is given to the style and variety of the women's dresses), and 75 are at work in the laundry.

The staff consists of:—

Charge male nurses -	-	8	Charge female nurses -	-	13
Ordinary -	-	51	Ordinary -	-	70

for day, and 10 male and 13 female nurses for night duty. There are 37 male and 15 female nurses certificated or registered as mental nurses.

The death rate is again satisfactorily low, being 7·3 per cent. for men and 4·9 per cent. for women, or a total of 5·9 for both sexes; from this and from the comparative absence of tuberculosis amongst the patients, and from their appearance, we thought that the general health of the hospital must be good. Unfortunately, there have been 16 further cases of paratyphoid B on the female side, scattered through the wards, and, so far, all the endeavours have failed to trace its origin. Apart from this and from two small epidemics of influenza, which led to no fatal results, there has been no infectious disease.

Owing to the presence of small-pox in the neighbourhood much care is being taken to prevent its introduction into the hospital, and in addition 428 patients and members of the staff have been revaccinated.

In this hospital are very few cases of general paralysis of the insane, but we were glad to hear that in any case where benefit is likely to occur the treatment by induced malaria is given. We suggested to Dr. Connell that he should consider the possibility of taking in a few cases of this disease from other hospitals where such treatment is not available. If this could be done we are sure that it would be much appreciated by the Committees of the other hospitals.

Good work is being done in the laboratory in routine investigation, as aids to diagnosis, but we could not help feeling that this work is much hampered by the absence of a skilled technical assistant. Perhaps the Committee would consider making such an appointment. We were interested in seeing over the medical centre in the male building.

We hope that before long an installation of ultra-violet rays will be added. The conversion of two small rooms in the female building into a dental room is contemplated.

All the deaths have been due to natural causes and no inquests have been held.

This hospital continues to be well administered by Dr. Connell, who has the assistance of Dr. Livesay and Dr. Morris.

Northamptonshire Mental Hospital.

March 10th, 1928.

Since the visit by two of our colleagues in February of last year, 146 patients have been admitted, 5 have been transferred to other care, 69 have been discharged (37 upon recovery), and 60 have died. Ten patients were dealt with under s. 25 and 19 under s. 79 of the Lunacy Act, 1890. Thirty-eight patients were allowed out on trial to test their fitness for discharge, money allowances being granted in 23 cases.

There are now on the statutory books the names of 454 men and 491 women, a total of 945, but of these two females were out on trial at the time of our visit, leaving in residence 943. Private patients number 61, of whom 10 are female patients, 44 "Service" and 4 "ex-Service" patients. Full parole is granted to 18 male patients, a more limited parole being granted to 8 males and 19 females. One ward on the male side and two wards and the convalescent home on the female side are conducted on the open-door principle.

The weekly maintenance charge per head is 18s. 8d. for home patients and 29s. 2d. to 38s. 6d. for private patients.

We found the day rooms, corridors and dormitories, with the exception of those which were in the hands of the painters and decorators, clean, comfortable and well warmed. The day was a bitterly cold one, and the good fires burning in the grates were being much appreciated. The walls everywhere were well supplied with pictures, and there appeared to us to be a good supply of bed tables and hot water bottles in the wards where the sick were being nursed. The electric light installation has been completed and is giving great satisfaction, but the appearance of some of the wards is rather marred thereby and will be so until redecoration takes

place. We were therefore glad to see that no time has been lost in getting the decorators to work.

We notice that the lighting of the outside staircase has also been done.

We thought that a few bed trays for the use of patients in bed elsewhere than in the sick wards would be a desirable and useful addition to the equipment. We were delighted to find a capital supply of books in all the book shelves, and the day rooms seemed to be well supplied with games and amusements. In the ward gardens, where we saw a number of female patients, we were pleased to see that some new flower beds have been dug and planted, and we hope that it may be found possible to make more, and that the garden set aside for the more turbulent patients will not be left out, as we are sure that flowers are much appreciated even by this class of patient, and that, though some may be destroyed at first, after a time the patients will learn to take care of them.

The patients themselves were quiet, orderly and contented, and, though we had many conversations and interviews of a semi-private character, no one asked to see us alone. We gave everyone an opportunity of speaking to us, and we believe that we saw all the patients who are now in residence.

It appears from a return made to us to-day that the hospital is overfull on the male side by 2, and that there are only 15 vacancies on the female side. In the light of these figures, the question of additional accommodation is uppermost in our minds. Rapidly increasing difficulty is being experienced practically all over the country in securing vacancies, so that reliance on being able to board out is already unsafe and is likely to be more so. It seems, therefore, indubitable that, even if building operations could be commenced here forthwith, they could not be completed before there is a pressing need for beds, and to such a number that, were it allowed to be met by overcrowding, would quickly be a menace to the health of the institution. Confronted with such a situation, and at the risk of being thought importunate, we feel it our duty strongly to urge the Committee to consider the seriousness of the position; and while the responsibility for meeting it is, primarily, a local one, we feel that our Board would gladly co-operate in thinking out how it can best be met with due regard to economy and efficiency. There are always many matters requiring preliminary consideration, and the getting out of plans to a stage at which our Board can, when desired, seek the Minister's consent to them, involves considerable time. We therefore venture to suggest to the Committee at once to get into touch with our Board on the matter, so that the Committee's superintendent and architect may confer with one of the Commissioners and the Board's architect. Such a step in no way commits the Committee to expenditure, and it would without doubt avoid the wastage of much valuable time and avert a condition of things which is likely to prove costly to the county.

Casualties in the nature of fractures and dislocations have been limited to seven cases—one spontaneous in origin, due to great fragility of the bones, and all the others being the outcome of simple accidents.

Now that the hospital is supplied with electric current, we hope that sympathetic consideration will be given to the provision of X-ray apparatus and to means for giving ultra-violet radiation. The former is often of great service in connection with the detection of such injuries as the foregoing, and the prevention sometimes of their being overlooked on admission; but of still more importance is the value of both these facilities in direct aid to treatment.

A female patient who has been here since June 9th, 1924, has been found to be pregnant. Such an occurrence in a mental hospital is happily of great rarity. In this case the woman is deaf and almost dumb, and is otherwise mentally unable materially to give information. Such facts as are available were at once communicated to our Board and careful investigation followed. We thought it right to see this patient to-day and, though she endeavoured to communicate with us, we were quite unable to understand what she wished to convey.

The death rate during 1927 was 5·8 per cent. upon the average number resident, the percentages for the male and female sides being respectively 4·4 and 7·0. These are satisfactorily low.

In the 13 months under review there have been 19 male and 41 female deaths. One was due to the effects of swallowing a safety pin and was the subject of an inquest. Otherwise they were all from natural causes, verified by post-mortem examination in 57 per cent. of these 60 cases—a proportion which, in the future, we should like to see increased. In contrast with only one case among the 19 male deaths, tuberculosis accounted for nearly 15 per cent. of the female deaths; the present cases of this disease number 2 on the men's and 6 on the women's side. Apart from these 8 tuberculosis cases, the hospital is free from any active infective disorder, but there exist some 3 female enteric "carriers."

We saw 30 patients of each sex in bed; that is, 6·3 per cent. of the total in residence. Apart from the fact that so many of these 60 cases are being treated in upstairs wards and the meagreness of verandah facilities, we were well satisfied with the excellence of the medical and nursing attention of which they are in receipt, and with the efforts made by the doctors to elucidate the nature of the conditions present. With respect to the latter statement, our satisfaction is necessarily diminished by the absence of laboratory activities, nor can we feel that two assistant medical officers are sufficient for a mental hospital of not far short of a thousand patients; their number just before the war, and when the number of patients was much as now, was in fact three.

Another matter which affects treatment is the small proportion (only 8 per cent.) of the women nurses who are certificated in mental nursing; it is only fair to add that twice that proportion have passed the preliminary examination. It seems to us, however, that there is need of someone who, by acting as sister tutor, can spend much of her time in the tuition of the nursing staff. No women nurses are employed on the male side.

As resident medical colleagues Dr. Stuart has the services of Dr. F. D. T. Hayes, D.P.M. (deputy superintendent), and Dr. H. C. Reed.

Northumberland Mental Hospital.—Morpeth.

July 21st, 1928.

It is satisfactory to note that the recommendations which were made by the Commissioner who last paid a visit to this hospital have received consideration from the Committee, and have been adopted and carried out in almost every instance. Fresh notices in regard to the patients' correspondence have been placed in position; the poison cupboards have either been safeguarded or are in process of being so treated. Glass-topped hospital trolleys have been provided; the shortage of overcoats has been made good; the old pattern of women's boots is being replaced by shoes; the viewing room has been suitably improved and a cinema has been installed in the hall, a very great addition to the amusement and recreation of the patients.

In connection with the kitchen, a Hobart mixer and a Berkel slicer have been added to the equipment and a refrigerator has been constructed.

The most important work, however, which has been taken in hand for some time, is the erection of the nurses' home, which is now nearing completion, and was inspected by me in the course of my visit. This addition to the hospital will supply a much-needed want and, besides affording accommodation of a suitable type for the nurses, will release some rooms for patients' use. In this connection, I am pleased to gather, it is intended to appoint a doubly qualified assistant matron to fill the place of the chief nurse, who has lately retired, and to appoint a home sister for the nurses' home, who will also be doubly qualified and will act as sister tutor. For both of these officers there are personal quarters in the new home.

As soon as the nurses' home is brought into use it is proposed to have two clinical rooms on the female side, and when further verandahs have been added to the amenities of the hospital, work which I understand is in contemplation, I hope it may be possible to make some rearrangement of the exercising grounds in connection with the female new admissions and the troublesome cases.

Noticing that the internal telephone system is being dealt with, I was not a little surprised to learn that the villa blocks are not being connected with the telephone system in the main building.

I fully realise that the Committee have had a very considerable financial outlay to meet in connection with the nurses' home, but I hope that they may in the near future see their way to equip a small laboratory and to appoint a technical assistant. Experience shows how great an aid to diagnosis and treatment such additions to the hospital's amenities and staff have proved in similar institutions.

I can report most favourably upon the condition in which I found the hospital, and one could not but be struck with the general air of contentment which prevails amongst the patients. From my own observation, as well as from what I gathered from conversations with the more intelligent inmates, I feel satisfied that they are all kindly and considerately treated, and that those requiring bed treatment are being carefully nursed.

Good use is made of such verandah accommodation as exists.

Since June 15th, 1927, there have been 215 admissions, out of 102 discharged patients 80 had recovered, and 42 have been granted a trial. I observe again that no money allowances are made under s. 55 of the Lunacy Act, but I gather from Dr. East that the advantage of the provisions of this section is not lost sight of. Financial assistance at such a critical period may prove not only helpful but really decisive in a patient's recovery, in that it releases him from monetary worries and anxieties.

There have been 79 deaths, and in three instances inquests were held. In one case death was returned as being due to general paralysis and bulbar paralysis; in another, to injuries to the neck accidentally sustained by falling on a pair of garden shears; and in the third instance (whilst the patient was on trial) to carbon monoxide poisoning following an accidental fall.

The mortality rate for the year ended December 31st last was high, viz., 9.84 per cent.

Epilepsy was the cause of death in 9 instances, tuberculosis in 10, heart disease in 7, senile decay in 15, and general paralysis in 16.

There are now suffering from tuberculosis 15 patients (males 13, females 2), and as far as practicable they are being nursed in the open air—further verandah accommodation will aid such treatment.

I have had a talk with Dr. East as to the possibility of sending suitable cases of general paralysis to some hospital for treatment by induced malaria, where such treatment is carried out.

There are 453 males and 320 females on the books, 5 patients are on leave, one is returned as an escape, so that there are in residence 767, viz., 449 males and 318 females.

Parole within the estate is allowed to 113 men and 1 woman, and on each side numbers of patients (especially on the male side) sit up beyond the usual hour.

There are vacancies for 12 males and 25 females. The maintenance rate for home patients is 22s. 9d.

There has been no mechanical restraint; only one serious non-fatal casualty has occurred, which calls for no special mention.

The staff consists of:—

Male charge nurses -	-	11	Female charge nurses	-	7
Ordinary -	-	51	Ordinary -	-	33

for day, and 10 and 8 respectively for night duty.

Those certificated or registered as mental nurses number 32 males and 15 females.

The dietary appears to be good and to give satisfaction.

It will be gathered that I was well pleased with Dr. East's administration, in which he is assisted by Dr. Illingworth, the deputy superintendent, and Dr. Chapman.

Nottingham County Mental Hospital.

October 10th, 1928.

Before commencing my report on this hospital, which I have visited to-day, I wish, on behalf of my Board, to express their great regret on hearing of the death of Dr. Lloyd Jones. Dr. Jones, after some service in the London County Mental Hospitals, was appointed medical superintendent in 1909, and thus had held his post for 19 years. During this long time Dr. Jones always had the interest of his patients at heart, and did all he could to make their lives happy. For the past four years he had been in ill-health, and he died in February last, aged 62. In his place the Committee have appointed Dr. H. C. Waldo to be medical superintendent, and he took up his post early in July. Dr. Waldo was formerly deputy medical superintendent at Barnwood House, Gloucester, and I should like to wish him success in his new post.

As Dr. Waldo has only so recently joined, he has not yet had time to go thoroughly into the needs of the hospital, though he already had a good knowledge of many of his patients, but I discussed with him a number of points concerning which I thought there was room for improvement, and I have no doubt he will give them due consideration. These were for the most part with regard to improving the medical facilities of the hospital, and to the necessity for the provision of further accommodation for the patients.

During my visit to the wards I found the patients very comfortable and, though owing to the wet weather they were all indoors, they were quiet and orderly and free from complaint, except with regard to their detention. They were tidily dressed, and I was glad to see that efforts are being made to improve the cut and style of the women's dresses. On the male side I noted a shortage in the supply of overcoats, and the night-gowns are still short in number in some of the wards.

The day rooms, dormitories and their annexes were very well kept, and there was a good supply of books and amusements in the wards. In the general bathroom and in the bathrooms in the wards cork linoleum is to be laid down on the stone floors. This should be a great improvement.

Three new verandahs have been erected in wards 3 and 5 on the female side, and I hope these will be used to a large extent both by day and night.

I saw a good dinner of fish with two vegetables, followed by fig pudding, being enjoyed by the patients. The dinner was well served, but in one ward I noticed that the dinner plates had not been warmed.

The health of the patients appears to have been good and, except for four cases of dysentery on the male and one on the female side, there has been no epidemic disease, though one female patient was admitted suffering from scarlet fever. The circumstances of this case were reported to my Board at the time.

The infirmary wards are well equipped, though the addition of glass-topped trolleys for surgical dressings would be an advantage, and the sick patients were being well and carefully nursed. The sick and extra diets seemed to be in no way stinted, but I suggested that a further supply of milk should be issued for the use of the night nurse in the sick wards for any patient who might wish for some during the night.

All the deaths were due to natural causes, and in only one instance was it necessary for an inquest to be held. In this case the death was complicated by the presence of fractured ribs, and an enquiry into all the

circumstances was held by two members of my Board, who reported the result of the enquiry to the Board and to the Committee.

In 82 per cent. of the deaths the cause was verified by post-mortem examinations.

The death rate for 1927 was 10.24 per cent. for the two sexes, that for males being 13.1 per cent. and that for females 8.1 per cent.

The changes amongst the patients since the last visit (March, 1927) leave on the books the names of 696 patients—290 men and 406 women—and all were in residence, and, I believe, were all seen by me to-day. Twenty-two men, all “Service” or “ex-Service” patients, and 6 women are classed as private patients, and there are no patients boarded out.

As the accommodation of the hospital provides for 273 males by day and 269 by night and for 382 females by day and 395 by night, both sides of the building are overcrowded, and it is therefore satisfactory to know that a special Committee is now meeting to advise as to how the shortage is to be met. I hope the advice of my Board will be sought in this matter at an early stage in the proceedings.

Parole within the estate is now allowed to 45 men and one woman, and one ward on each side is treated on the open-door principle. Parole beyond the estate is to be introduced shortly.

The maintenance rate is 19s. 10d. per head per week.

The staff consists of 32 men and 48 women for day, and of 6 of each sex for night duty. Of the men 16, and of the women 20, are certificated or registered as mental nurses, and 6 of the former and 5 of the latter have passed the preliminary examination for the certificate.

I was glad to hear that the Committee are now considering the appointment of a visiting dentist. It is most important for the health of the patients that such an appointment should be made, and I hope the Committee will decide in favour of it.

The laboratory is now being fitted up, and the appointment of a qualified technical assistant to work under the medical staff would be of great advantage.

Dr. Waldo has the assistance of Drs. Macmillan and Barker.

Oxford County and City Mental Hospital.

January 26th, 1928.

The changes that have taken place amongst the patients since my colleagues visited in March last leave on the books the names of 729 patients—266 men and 463 women—and all were in residence to-day except 3 men and 2 women, who were absent on trial.

Of this number 22 men are classed as private patients, all being either “Service” or “ex-Service” patients, and 188—38 men and 150 women—are chargeable to out-county unions, 129 being chargeable to Middlesex, 29 to Croydon, 20 to London, and 10 to Nottingham.

The total accommodation of the hospital provides for 299 men and 479 women, so that there are now vacancies for 33 men and 16 women, and it is satisfactory to know that there is not likely to be any necessity to terminate any of the above contracts for some considerable time.

The maintenance charges are 22s. 2d. per week for home patients; the actual cost as last ascertained is slightly over 22s. 5d. Except for “Service” patients, no private patients are received.

On going round the wards, gardens, and the various industrial centres, I believe I saw all the patients, and I gave everyone an opportunity of speaking to me. Generally, they appeared to be very contented, and I received no complaints as to their treatment. The only complaints made to me were by out-county patients, several of whom asked to be returned to their home hospitals, on the ground that friends who visited them

there are unable to come to see them here. If it can be shown that this complaint is well founded in any case, I hope steps will be taken to re-transfer the patient.

The wards were bright and cheerful, and are well supplied with books from the general library. Much redecorating has been carried out here, and ward 6 on the female side is now in the painter's hands. In male ward 5 a glass screen has been erected to divide the day room from a part used for sleeping purposes. This is a great improvement, and it is hoped to erect similar screens in other wards as opportunity occurs. In male 6, a room has been converted into a bathroom for hydro-therapy, and a new verandah is about to be erected off the day room.

The ward gardens, to which attention was drawn in the last report, will be taken in hand during this year. In some of the sanitary annexes there are no doors to the w.c.'s, and in only one or two are wash-hand basins provided. These are matters which are well known and no doubt will, if possible, be remedied at some future date.

All the wards except 4 are run on the open-door system, and a very large number of patients of both sex are allowed either full or partial parole. In addition, a large number of the ward windows are in no way blocked, and there is no doubt that these relaxations of restrictions of the patients' freedom go a long way to add to their general contentment. The provision of hot water to the lavatory basins must also be much appreciated, and it was very satisfactory to hear that this has led to no accident of any kind.

There has been no change in the patients' diet, and there is still room for some improvement in the monotony of the teas, but it is satisfactory to know that supper is provided consisting of bread and Oxo or some similar preparation, to all every evening. All milk is given as whole milk.

The general health of the patients has been good and, except for two cases of enteric fever on the female side, there has been no infectious disease. The sick in the infirmary wards are obviously receiving careful nursing, and a number of them are treated in the open air on verandahs by night as well as day.

All the 46 deaths except two were due to natural causes, and call for no special mention. One of the two excepted deaths was due to accidental suffocation at a meal, and the other was due to drowning and thought to be accidental, whilst the patient was on trial.

The death rate for 1927 was 8.02 per cent.

The nursing staff of the hospital consists of 36 male and 49 female nurses for day, and of 9 male and 11 female nurses for night duty. No women are employed on the male side. Of the men 23, and of the women 17, are certificated or registered as mental nurses, and 11 of each sex have passed the preliminary examination.

Dr. K. O. Neuman, who was appointed as pathologist, took up his duties in June last, and since then has carried out some very valuable work not only in routine examinations and tests as an aid to diagnosis but in research into various matters, amongst which may be mentioned the excretion of indican in the urine and the examination by histological methods of brain reactions, which have already been of the greatest assistance to the medical staff in their treatment of patients and in discovering the actual results of such treatment. It is to be hoped that no reason will be allowed to interfere with this work.

Dr. Good still has the assistance of Dr. Davies Jones and Dr. F. M. Stewart.

As this was my first visit to this hospital, I should like to conclude by saying that I was most pleased with my visit and with the condition of the hospital, and with the care and kindness with which I am sure the patients are treated.

Salop Mental Hospital.

November 10th, 1928.

Since the visit of two of my colleagues in May of last year 223 patients have been admitted, 5 transferred to other care, 122 discharged (82 upon recovery), and 73 have died. These changes have left on the books the names of 881 patients, but, 3 being out on trial at the time of my visit, the number actually in residence was 878, of whom 391 were males and 487 females. I believe that I have seen all the patients in residence, and have spoken with all who have shown any desire to speak to me, and have given private interviews to 3 patients at their request.

During the period under review no patients seem to have been dealt with under s. 25, and 19 have been dealt with under s. 79. Eighty-four patients have been allowed out on trial to test their fitness for discharge, money allowances being granted to assist them while on trial in 52 cases.

The private patients number 92, and of these 32 are females, 36 are "Service" and 2 are "ex-Service" patients. Out-county patients number 10.

Parole is usually granted to 45 males and 7 females beyond the estate, and to 18 males and 7 females within the estate.

The laundry ward and ward F 2 have open doors to the airing court.

It is serious to note that there is an excess of male patients of 72 and of females of 63 in day accommodation in the hospital, and though Copthorne Hall, which I visited to-day, is now being fitted up and altered to accommodate male patients, it cannot absorb the excess of male patients and, of course, leaves the female patients untouched.

The weekly maintenance charge per head is 14s. 7d. for home patients and 21s. to 31s. 6d. for private patients. The average weekly maintenance cost for the year as last ascertained is 15s. 1½d.

There has been no mechanical restraint, and the whole amount of seclusion is only 17½ hours, divided amongst 7 patients.

Although a good deal of decoration can still be done with great advantage, much has been done since the last visit, and further progress has been made in improving some of the ward gardens. By some re-arrangements the surgery and assistant medical officers' office are now on the first floor, enabling further accommodation for the clerks and a waiting room to be provided on the ground floor.

A new refrigerating plant has been installed in the stores, improvements have been made in the front gardens, and a new 4-inch main has been laid from the pump house, giving a direct supply to a subsidiary tank on the male side.

The most important work now on hand is the adaptation of Copthorne House for the accommodation of male patients. This will be a most valuable addition to the hospital, and will no doubt be as much appreciated by the patients here as such detached buildings are by patients elsewhere.

I found the patients to-day very contented, orderly and suitably dressed. I had no complaints from anyone except on the score of detention. The patients spoke to me very freely, and I am satisfied that they are for the most part happy and comfortable.

The wards were well kept and clean, with nice bright fires burning in the grates. The dormitories were fresh and airy, and the beds and bedding all that could be desired.

I noticed that there were no night-shirts supplied on the male side; in spite of the fact that I was assured that if they had them the patients would only put them on over their day-shirts, I believe that it would only be a matter of time to teach them the right use of the garment here, as has been done elsewhere.

Those in bed to-day appeared to me to be receiving proper and kindly medical and nursing care and attention.

The health of the hospital is good, and it is most satisfactory to know that while there are a large number of caution cards in current use for dysentery, there are believed to be no active cases. During the period under review there have been 10 cases of enteric, 2 of dysentery, 1 chicken-pox, 2 erysipelas, and 1 of severe diarrhœa. Happily the hospital is now free from all these complaints.

Three patients of each sex are now suffering from tuberculosis.

Of the serious but non-fatal accidents—9 in all—4 were due to the patient being pushed down by another patient, 2 were caused owing to the patients' resistiveness, 2 were accidental falls, and the cause of one was not definitely found out, but was probably due to an accidental fall or blow.

There have been no inquests and the deaths call for no comment here.

I saw a nice dinner being served to the patients to-day consisting of boiled beef and two vegetables, rice pudding and jam.

The nursing staff is as follows:—

						Males.	Females.	Total.
Charge	-	-	-	-	-	8	11	19
Ordinary	-	-	-	-	-	28	34	62
Night	-	-	-	-	-	6	10	16

Eleven male and 12 female nurses are certificated or registered as mental nurses, and 3 and 6 respectively have passed the preliminary examination.

Dr. Hughes has to assist him Dr. Rodger, as deputy superintendent, and Dr. Smyth.

Somerset and Bath Mental Hospitals.—1. Wells.

December 29th, 1928.

Commencing yesterday, I have to-day completed the annual inspection of this hospital on behalf of my Board. When the hospital was visited last year by one of my colleagues and myself, redecoration was in hand, but was proceeding rather slowly. I have been pleased to see on this occasion practically all of the wards on the female side brightly and tastefully decorated. A good deal remains to be done, however, in this direction, especially on the male side.

The installation of electric light was commenced in October, and many parts have been wired and are only awaiting the arrival of the transformer. It is expected that the illumination by electricity will not be completed before April of next year. Also certain alterations have been made at Knapp Hill House, a "Pooley" weighbridge has been installed, a new 4-inch gas main laid, and a new ironing machine supplied in the laundry. The preparation of plans of all the floors in the hospital, preparatory to the establishment of the infirmary ward on the ground floor on the male side, and the erection of verandahs in connection therewith, has occupied many months, but it is hoped that a start will be made in this much-needed improvement as soon as the electric light installation has been completed.

In general I have found the wards clean, orderly, well ventilated, pleasingly decorated and comfortably warmed. The wards for so-called refractory patients, however, again struck me as being unnecessarily bare and comfortless. The first course of the dinner yesterday had already been served before I reached the kitchen. It consisted of fish, potatoes and a vegetable, followed by boiled apple pudding, which I tasted and found to be excellent, ample, and well cooked. I was pleased to find that fish is popular with the patients. I visited also the laundry, workroom and workshops, and am satisfied that every opportunity is taken to occupy the patients suitable to their abilities and mental state. I found the lavatories, bathrooms, etc., sanitary and pure, clean and sweet, but should like to see an increased issue of towels, especially on the male side. I was

pleased to find that night-shirts are now supplied to the male, as well as the female, patients, and to hear that, where possible, efforts are made to return to each patient his or her own night-gown or night-shirt after their washing in the laundry. The supply of newspapers and illustrated magazines has been much increased and appeared to be ample.

Since last visit 155 male and 182 female patients have been admitted, 5 male and 6 female patients have been transferred to other care, and 65 male and 106 female patients have been discharged, of which 33 male and 51 female patients had recovered. Nine male and 30 female patients have been dealt with under s. 25, and 13 male and 20 female patients under s. 79. During the same period of twenty-three months, 53 male and 86 female patients have died. These changes leave on the books the names of 360 male and 451 female patients, or 811 in all, of whom 53 are private patients, including in this category 23 "Service" patients and one "ex-Service" patient. Of the total number on the books, 22 male and two female patients are out-county cases. There are to-day 1 male and 2 female patients out on trial, leaving in residence 359 males and 449 females, or 808 in all. The provided accommodation by day is for 373 male and 476 females, and by night for 389 males and 537 females. There is, therefore, vacant accommodation by day for 13 males and 25 females, and by night for 29 males and 76 females. The vacant accommodation in practice, however, is not so great as it would appear from the above figures, owing to the necessary disarrangement caused by alterations in progress or impending, and also the requirements for accurate classification according to type of patient, providing in some wards an excessive number and in others considerable vacancies.

In the course of my tour of the wards and workrooms I have, to the best of my belief, seen every patient, and have given each an opportunity of speaking to me. I have found the patients generally quiet and well-behaved, clean and tidily dressed and, apart from the desire of some for their discharge, free from complaint. I gave private interviews to four patients, whose names I have entered in the patients' book, with observations thereon.

I gave particular attention to the patients in bed, of whom there were 13 on the male and 37 on the female side, mostly for the treatment of various bodily diseases, or on account of senile infirmity, and found them in receipt of every proper care and attention. I discussed with the medical officers in charge of the cases one or two female patients who appeared to me to have been in seclusion for long periods on account of their excitability and danger to others when allowed up and out in the airing courts. I feel that if facilities existed for their treatment by the "prolonged bath" these periods of necessary seclusion could be much shortened. The general health appears to have been good since last visit. There have, however, been 36 cases of influenza, all, with two exceptions, on the female side; 14 cases of enteric fever, all in the year 1927, and six cases of dysentery. The cases of enteric fever were confined to the female side, nearly all in ward No. 9. Also 5 of the female staff contracted enteric fever, one as late as June, 1928. The epidemic reached its height in April, 1927; a complete examination was made of all the patients and staff, all giving positive results in the blood were isolated and are still segregated, and, since December, 1927, there has been no recurrence among the patients. Two "carriers" of enteric fever were discovered amongst the patients, but none among the staff. Only one member of the staff gave positive blood results, and she has since resigned. There has been no employment of mechanical restraint since last visit, but 5 male and 75 female patients have been secluded for a total duration of 2,039 hours.

The mortality rate for the year ended December 31st, 1927, was 8.3 per cent. for the males and 12.3 per cent. for the female patients, or 9.4 per cent. for both combined. Since last visit 53 male and 86 female patients have died, all from natural causes. The principal causes of death,

verified by post-mortem examinations in 100 cases, were: senile decay in 25, heart disease in 16, bronchitis in 10, pneumonia in 9, enteric fever in 6, dysentery in 3, tuberculosis in 8, influenza in 3, and organic brain disease in 9. None of the remaining deaths call for special mention. There have only been four casualties involving fracture of bone, all accidentally or impulsively sustained.

The present staff of nurses consists of 6 male and 8 female nurses of charge rank, 36 male and 46 female ordinary nurses, and 4 male and 7 female nurses for night duty. Of the total nursing staff, 18 of the male and 7 of the female nurses are certificated and registered as mental nurses, and 4 male and 7 female nurses have passed the preliminary examination.

The weekly maintenance charge for home patients for the year 1927 was 19s. 3d. and for private patients 20s. 5d. to 42s. The average weekly cost for the year was 19s. 2⁷/₈d.

Dr. McGarvey continues to have the assistance of Dr. Darlington, deputy superintendent, and Dr. D. Menzies, both of whom have now their Diploma in Psychological Medicine of the University of London. Since the last visit to this hospital I have been pleased to note the many improvements that have been introduced conducing to the welfare and improved medical treatment of the patients, and I am satisfied that the progress made will be continued in the future.

Somerset and Bath Mental Hospitals.—2. Cotford.

July 25th, 1928.

I have to-day made the annual inspection of this hospital on behalf of my Board, and can favourably report on the state in which I have found it.

Since my colleagues' last visit 18 months ago the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	151	156	307
Transferred to other care - - -	8	13	21
Discharged from order - - -	50	82	132
of whom recovered - - -	33	47	80
of whom dealt with under s. 25	3	14	17
of whom dealt with under s. 79	—	6	6
Allowed out on trial - - -	30	55	85
of whom granted allowances -	1	—	1
Died - - - - -	52	60	112

It will be noticed that to only one patient was granted a money allowance whilst on trial. Dr. Aveline assures me that every case is considered and assistance is given where needed; and I hope the Committee will make full use of their powers under s. 55 in this respect.

There are now on the statutory books the names of 771 patients, in the proportion of 351 males to 420 females. Five men and 8 women are now out on trial, leaving a total of 756 patients resident. During the year ended December 31st last the average number of patients resident was 724—304 males and 420 females. The total accommodation as returned to me is for 347 patients by day and 358 by night on the male side, and for 397 by day and 409 by night on the female side. The hospital is over-full, there being a deficiency of accommodation for 4 male and 23 female patients by day and 11 female patients by night, and only 7 vacant male beds.

Private patients number 42 men and 39 women, 31 of the former being of the "Service" or "ex-Service" class. The only out-county patients are 27 East Ham men received under a reception contract.

The weekly maintenance charge is 19s. 3d. for the county patients and

26s. 3d. and 29s. 9d. for those of the private class. The average weekly maintenance cost as last ascertained was 18s. 6.53d.

To the best of my belief I have seen all the patients in residence during the course of my visit to the wards, gardens, shops, laundry, kitchen and other departments. I was also present in the hall during the dinner meal, which consisted of soup, bread and suet pudding.

Generally the patients were very contented and free from complaints, and the appeals for discharge which I had were not from any who were yet fit for it. The soup portion of the dinner was not very popular, and several patients had left their helpings untouched. The dietary scale has been produced to me, and seems to be liberal and well varied. I suggest that the prevision of a mixer, such as a Hobart, would be a valuable addition to the kitchen equipment.

Of the 112 deaths since the last visit, all with the exception of two were from natural causes, verified in 77 instances by post-mortem examinations. The two excepted cases were, one, where a woman in trying to escape was accidentally drowned in the Cotford brook, and the other, where a male patient drowned himself in a water barrel. The only two inquests were held in these cases, and the facts were fully reported to my Board at the time.

The principal causes of death were: influenza 33 cases, pneumonia 14, tuberculosis 13, and senile decay 10. In the first four months both of last year and again this year the institution was visited by an influenza epidemic, when altogether 263 patients—68 males and 195 females—and 69 members of the staff—17 men and 52 women—were attacked. There has been no case of enteric fever or dysentery. The number of patients now suffering from tuberculosis is 9—3 males and 6 females.

The mortality rate for the year ended December 31st last was 9.81 per cent., 11.18 for males and 8.81 for females, as compared with the mean rates for all mental hospitals of 7.9 per cent.—8.6 for men and 7.3 for women.

I found 16 men and 20 women in bed, and was satisfied with the nursing arrangements. I suggest, however, that in the medicine cupboards in the wards that there should be separate locked compartments where poisons and outward applications should be kept apart from medicine and draughts. It has not been found possible to find provision for a separate and properly fitted up dental room, and I regret that the Committee have not seen their way to the appointment of a specialist and consultant staff, as suggested by my colleagues.

The wards and dormitories were tidy and well kept, and generally were in a good state of decorative repair, although there are some, for instance F 10, which are rather shabby and require redecorating.

The personal appearance, as regards the clothing, of the patients was satisfactory. Night-shirts have been issued for the use of the private and "Service" male patients, but to no other males.

Parole is allowed to 9 men to go beyond the estate and to 40 men within the estate, and one ward on the male side is administered on the open-door principle. No females have this privilege.

There has been no mechanical restraint used, and only one man and two women have been secluded for short periods.

Serious casualties number six, involving fractures of bones, but none call for particular notice.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	8	8	16
Ordinary - - - - -	24	46	70
Night - - - - -	5	6	11
Certificated or registered - -	33	10	43
Passed preliminary examination	6	5	11

Completed since the last visit are 4 new cottages for the married staff, and in course of erection now are two other cottages and 5 rooms for female nurses over 5 existing rooms. It is also contemplated to erect a recreation room for the female nursing staff over their present messroom, in a similar manner to that on the male side. This would be a valuable addition.

Dr. Aveline still has the assistance of Dr. W. S. Graham and Dr. J. J. Eyre as medical officers. The last-named is at present away and his duties are taken by Dr. D. M. Fleck.

Staffordshire Mental Hospitals.—1. Stafford.

November 7th, 1928.

Since the last visit by two members of our Board in May of last year 311 patients have been admitted, 42 have been transferred to other care, 137 have been discharged (89 upon recovery), and 106 have died. These changes have left on the books the names of 1,018 patients—489 men and 529 women.

Four patients were out on trial at the time of my visit, leaving in residence 1,014, all of whom I believe I have seen during my visit.

Five patients have been dealt with under s. 25, and 43 under s. 79 of the Lunacy Act. Sixty-three patients have been allowed out on trial to test their fitness for discharge, but I notice that a money allowance has been granted in one case only. I see that attention was called to this matter by my colleagues in the last report, and feel sure that there must be some reason for not making more use of this valuable provision in the Lunacy Act; at the same time, I trust that this section of the Act will not be permitted to become a dead letter here.

The private patients number 53, being composed entirely of "Service" (48) and "ex-Service" (5) patients. There are only 3 out-county patients.

Two male patients are given parole beyond the estate and 33 males and 2 females are allowed on parole within the grounds. One ward on each side, and the isolation hospital where 20 male patients are housed, are administered upon the open-door principle.

The hospital is overcrowded, calculated upon the night space available, by 39 on the male and 26 on the female side; and while there is overcrowding by 22 males, there are vacancies for 32 women, in available day space. It must, however, be remembered that there are 30 male patients boarded out under contract, and the need for additional accommodation is somewhat serious. It is gratifying to know that plans for the proposed new admission hospital are now before our Board, and it is to be hoped that the building of this badly needed addition to the hospital will not long be delayed, and by this means the shortage of room at the main building will be to some extent relieved.

The average weekly maintenance charge for home patients is 22s. 9d. and for "Service" and "ex-Service" patients 26s. 6d., the average weekly maintenance cost for the year as last ascertained being 21s. 11½d.

There has been very little mechanical restraint, and that only for surgical reasons, and seclusion has been used in 32 cases for a total period of 997 hours.

I found the patients to-day very happy and contented, well-behaved and tidily dressed. In only one ward was there any sort of noise, and that the result of one excited woman.

The wards and dormitories were clean and well ventilated, and the former were well supplied with flowers, pictures and books.

In going through one of the dormitories I was surprised to hear that the male patients at this hospital are not provided with night-shirts. I hope that this matter will receive the attention of the Committee. The suggestion that the men are not used to having night-shirts does not appear to me to be an adequate reason for not supplying them in this big hospital, and I much hope, even if it is only done by degrees, that in time each

man will be able to take off his day-shirt and put on night attire before going to bed.

I was not quite satisfied that patients here are able to get letter-paper and envelopes when they want them. In the wards where I enquired about it the charge nurses had practically none in stock, and I was told that it was given out and used on Mondays. It seems a pity that letter writing should be confined to one day a week, and I should like to see a proper stock kept in the charge attendant's room and given to any patient for legitimate purposes whenever required. The charge attendant cannot be expected to go to the stores when a patient wants a sheet of paper, and consequently, if the paper is used up on Monday, many patients may be prevented from writing when they desire.

The health of the hospital appears to be good, and of the 42 females and 47 males whom I saw in bed to-day, none were suffering from acute sickness. The bed patients on both sides of the hospital appeared to be very comfortable and to be in receipt of all possible medical and nursing care and kindly attention.

Throughout my visit, and though I endeavoured to speak to everyone capable of talking coherently to me, I received no sort of complaint except on the subject of detention.

The causes of death—106 in number—were verified in 49 cases by post-mortem examination.

The chief causes of death were: general paralysis 15, epilepsy 10, tuberculosis 14, and senile decay 38. Inquests were held in 4 cases, which do not require further mention here.

There are at present believed to be 11 male and 8 female patients suffering from tuberculosis, but during the time under review there has been no enteric or influenza, and the hospital is now, and has been for some years, entirely free from dysentery. How far this may be due to or assisted by the system of dust extraction in use in some wards of this hospital is well worthy of close consideration.

There have been 5 serious but non-fatal accidents, due in 3 cases to accidents in the wards, and in 2 to the act of other patients.

There had been a considerable amount of redecoration, and the hospital was looking clean and comfortable. The annexe in M 9 for the treatment of tuberculous patients has been completed, and is a valuable addition to the hospital, and I hope that it may be found possible before long to provide facilities for the similar treatment of the female tuberculous patients.

New equipment has been provided in the kitchens and laundry, a new dark room has been fitted in the laboratory, and the viewing room at the mortuary has been tastefully fitted up as a small oak-panelled chapel.

Work has now been begun on the division of the two large dormitories M and F 10.

The present nursing staff is as follows:—

						Males.	Females.	Total.
Charge	-	-	-	-	-	11	11	22
Ordinary	-	-	-	-	-	61	57	118
Night	-	-	-	-	-	10	12	22

Forty-eight males and 8 female nurses are certificated or registered as mental nurses, while 13 of the former and 3 of the latter have passed the preliminary examination.

Dr. Shaw has to assist him Dr. K. K. Drury, D.P.M., and Dr. G. J. Smith. Having regard to the number of patients at this hospital, and bearing in mind the urgent necessity for some of the time of the medical officers being occupied in pathological work in the laboratory, it would appear that the appointment of another medical officer is a matter which should receive the serious attention of the Committee.

Staffordshire Mental Hospitals.—2. Burntwood.

March 14th, 1928.

I have to-day completed the annual inspection on behalf of our Board of this hospital. As is shown by the figures quoted below, the question of accommodation here remains acute; indeed, the position is still more alarming than it was when my colleagues made their last visit in May, 1927. The importance of the matter is, however, fully appreciated by the Committee, and I can only express an earnest hope that something will be done in the near future to place things on a more satisfactory basis with regard to accommodation.

Since the last visit 178 patients have been admitted, 11 have been transferred to other care, 49 have been discharged (38 upon recovery), 1 has been dealt with under s. 25, 8 under s. 79 of the Lunacy Act, 1890, and 79 have died. Thirty-five patients were allowed out on trial to test their fitness for discharge, money allowances being granted in 18 cases.

The above changes leave on the books the names of 445 male and 507 female patients, a total of 952, but 3 men and 1 woman were away on trial at the time of my visit, so that the number actually in residence to-day was 948. All these I believe I have seen and have given an opportunity of talking to me.

There are 60 male patients who are in the private class, of whom 52 are "Service" and 7 "ex-Service" patients. Twenty-six male patients are given full parole and a limited form of parole is granted to 10 male and 6 female patients. Two wards on each side are conducted on the open-door principle.

Reckoned on the day space available, the hospital is now overcrowded to the extent of 83 on the male and 73 on the female side, a total of 156 patients. This overcrowding was very marked on the male side, and possibly I should have been equally struck by it on the female side but for the fact that many of the female patients were in the gardens at the time of my visit to that side of the hospital.

The weekly maintenance charge per head is 22s. 9d. for home and 42s. for private patients, the average weekly maintenance cost for the year as last ascertained being 23s. 1.02d.

During the period under review there has been no mechanical restraint or seclusion.

Much work has been done in the hospital since the visit of my colleagues in the way of painting and decorating, some drainage has been done, a weighbridge has been installed, some water closets have been replaced by modern patterns and the two solaria on the female side have been glazed with vitreous glass.

A valuable addition to the hospital is a violet ray apparatus; I was also very pleased to find that continuous baths are to be fitted close to the infirmary wards on both sides. That on the male side is now being installed and it is hoped that the one on the female side will shortly be put in.

The large room in the laundry residence is now used as a workroom and the old workroom is being converted into a dormitory to hold 13 beds.

I found the wards and dormitories well aired, clean, nicely decorated with plants, and well supplied with books. I was glad to find that more overcoats are being obtained for the female patients to replace the shawls, and some of the male wards seemed to me to want a larger number of overcoats than that in stock. A capital supply of tobacco seems to be given to the male patients, the workers getting more than non-workers, and I feel sure this must add much to the contentment of the patients. In some of the wards the supply of writing paper was to-day inadequate and I hope that care will be taken to see that it is always obtainable by patients for legitimate purposes.

In the dormitories the beds and bedding seemed to be satisfactory, and I was told that the supply of bedside lockers is gradually being increased.

In the laundry, where I found 42 patients working, I thought that the provision of a steam pipe to cleanse the tins in which the foul clothing is carried would be a useful addition, instead of, as is now done, the tins going back to the wards to be cleaned and disinfected.

In the sewing room 20 patients were engaged; I also visited the workshops and mortuary.

I saw a good meal being served both in the hall and in the wards, consisting in some cases of roast beef, in others of roast pork with two vegetables and a jam tart.

The diet appears to be good and varied, but I was sorry to hear what a very large amount of condensed milk is used here throughout the year, and to hear that the fresh milk now is not more than sufficient for the sick patients.

While the patients are at dinner piano or organ music is played in the gallery. Before leaving this part of the report I should like to mention the necessity for some means of warming the dinner plates in the wards. To-day no attempt had been made to warm them in two of the wards where I saw the dinners, but in the hall they were really hot.

The patients were quiet and orderly with one or two exceptions, nicely clothed, clean, and seemed very contented. Apart from the question of detention I had no complaints at all of ill-treatment or discomfort, or of the food. I gave a private interview to one male patient (J.P.A.).

The 89 patients whom I saw in bed to-day appeared to me to be in receipt of all possible nursing and medical care and attention. There are at present 6 active cases of tuberculosis on each side of the hospital, one case of scarlet fever and one of measles, both on the male side. Since the last visit there have been 4 cases of dysentery, 52 cases of influenza, all but 8 on the female side, and 4 cases of erysipelas.

Of the 79 deaths, the satisfactorily large number of 70 were verified by post-mortem examination. Heart disease accounted for 14, tuberculosis for 11, pneumonia for 9, organic brain disease and maniacal and melancholic exhaustion for 7 each, general paralysis for 8, and epilepsy for 6 of the deaths.

One death, that of a female patient, was the subject of an inquest, death being caused by peritonitis, due to a perforated ulcer of the large intestine set up by the patient swallowing plum stones, egg shell and other articles.

There have only been two serious accidents, a fact which speaks well for the care taken of the patients here, a fracture of the right fibula in a male patient, caused by a fall when struggling with another patient, and a fracture of left tibia in a female patient due to a fall during a fit.

The nursing staff consists of 8 male and 9 women nurses holding charge rank, 46 male and 47 women nurses for day, and 6 of the former and 8 of the latter sex for night duty.

Forty male and 12 female nurses are certificated or registered as mental nurses, and 8 male and 3 women nurses have passed the preliminary examination.

Dr. Reid continues to have to assist him Dr. Arthur Taylor and Dr. J. C. Mackenzie.

Staffordshire Mental Hospitals.—3. Cheddleton.

March 13th, 1928.

We have to-day completed the annual inspection, on behalf of our Board, of this hospital. In the period of nearly five months since this hospital was visited by two of our colleagues, 99 patients have been admitted, 6 have been transferred to other care, 46 have been discharged (22 upon recovery), and 46 have died. Two patients have been dealt with under s. 25 and 22 under s. 79 of the Lunacy Act, 1890. Three patients have been allowed out on trial to test their fitness for discharge, money

allowances being granted in two cases. There are now on the statutory books the names of 1,150 patients, of whom 620 are males and 530 are females. Private patients number 73, of whom 53 are "Service" and 5 are "ex-Service" patients, and 4 are women. There are 10 out-county patients. Seventy males and 30 female patients are now being boarded out under contract. At the time of our visit one patient was out on trial, so that the number actually in residence was 1,149.

Parole beyond the estate is usually granted to 56 men and 36 women, a more limited parole being given to 30 men and 4 women. Three wards on both sides of the hospital are administered on the open-door system.

From a return made to us we see that the hospital is overcrowded as to day space to the extent of 85 on the male and 61 on the female side. These figures, coupled with the number recorded above of those boarded out, must give rise to anxiety as to future accommodation. The Committee are, however, aware of the views of our Board upon this matter, and we do not propose to say more than that we earnestly hope that the urgency of the question of accommodation will be kept in the forefront of their minds.

The weekly maintenance charge for home patients is 22s. 9d. and for private patients 42s., the average weekly maintenance cost for the year as last ascertained being 23s. 9.60d.

We found the wards throughout the hospital in good order, clean, and, in spite of the bitterly cold weather yesterday and to-day, very comfortably warm. They were all prettily decorated with plants and flowers, including the wards set apart for the more turbulent patients, and our enquiries elicited the fact that the destruction of plants in these wards is quite a rare occurrence. The wards seemed to be well supplied with amusements for the patients and, though we did not enquire in every ward, where we did we found an ample stock of writing paper and envelopes. We were delighted to hear that in some wards where the patients are allowed to sit-up late, the bathroom is left open and patients are allowed to have baths more or less unattended, and a supper of bread, cheese and coffee is provided for those sitting-up. There appear to be ample supplies of overcoats in all wards, and care is taken about the fit and cut of the clothing, there being no stock sizes in women's dresses, each patient being measured and fitted.

At a late hour last night, after we had finished our work for the day, we had an opportunity of listening to a practice of the hospital band, conducted by the medical superintendent. The band consists of about 40 performers and they have reached a high degree of excellence. We can only say that we very much enjoyed listening to the practice, as did some of the patients who were also there. We feel sure that the trouble taken by everyone concerned in this movement is of inestimable benefit to the hospital.

In the kitchen, which is in charge of a trained kitchen superintendent, we found 28 female patients working. We were interested to hear that there are now under instruction here 9 cookery pupils going through a course of cookery as applied to institutions.

The diet appeared to us to be very satisfactory, to be well varied and to be ample.

While we were in the kitchen we thought that a basin, with, if possible, hot and cold water, in close proximity to the patients' kitchen w.c., would be a useful and desirable adjunct. Nor do we think that its addition would involve any great cost.

In the children's wards much was being done to keep the children employed and amused, and besides the school of which we speak below, the children were being taught rug making, mat making, sewing and modelling with plasticine.

In the laundry we found 125 patients at work. Indeed, throughout the hospital the efforts made to get the patients to work are most satisfactory.

The patients were clean, well clothed, orderly and very contented. Beyond the usual number of applications for discharge, we neither of us had any sort of complaint as to treatment.

We were very glad to hear that the Committee have sanctioned the provision of verandah accommodation in 4 wards, an addition that is badly needed and will add greatly to the efficiency of the hospital.

We were very pleased with the nursing arrangements and with the standard of work towards which they are trained. Twenty-six per cent. of the women nurses and the high proportion of 60 per cent. of the men are certificated or registered as mental nurses; and, in the light of the considerable number of the other nurses who have passed their preliminary examination for the certificate (among whom are 7 nurses with general hospital training), it seems probable that the somewhat wide difference between the above-mentioned percentages is likely soon to disappear.

The total number of the male nursing staff is 79; that of the women, among whom are 7 employed in the male wards and 9 in nursing boys on the female side, is 61, besides whom there are 16 ward-maids. Where so much pains are taken, as here, in the training of the staff, it occurred to us that, in addition to the present means by demonstration, the use of anatomical models might be found of considerable assistance, and that some books on nursing might well be available on the shelves in the study room of the nurses' home.

In addition to the ordinary nursing staff there are (1) an orthopædic sister who attends twice a week, and it was impossible for us to be other than highly pleased to notice the extensive amount of work done in correcting bodily deformities and other conditions; (2) an electro-therapeutic sister, whom we were interested in watching giving treatment by ultra-violet radiation, in connection with which a useful form of multostat has been provided; and (3) a more recently appointed school-mistress who attends four hours daily and teaches the three Rs, etc., to the boys and girls in the children's ward.

Incidence of infective disorders, though not exactly serious, has been sufficient to be a considerable inroad upon the time of the medical staff, involving—as it has done and is doing—a large expenditure of laboratory work which they would prefer to give to investigations in other directions. Including 23 members of the staff, there have been some 113 cases of influenza; 10 male and 11 female cases of dysentery, four of the former being still under treatment; an instance of diphtheria; 3 cases of erysipelas; and an incidence, which we are glad to see shows signs of falling, of tuberculosis. Of this last-mentioned disease the number of existing cases is believed to be 10 (five of each sex), and from it there have been 5 deaths, all on the female side.

We paid a lengthy visit to the laboratory, where, under the medical staff, the full-time services of one assistant and the part-time services of two others and a boy are engaged; and we are glad to find that, despite the amount of time spent in examining every patient and member of the staff *re* dysentery, Dr. Stuart is managing to continue his investigations into intestinal sepsis as a cause of mental disorder.

The death rate during 1927 was 7 per cent., that for the males being slightly lower than for the women. The deaths during the period under review, 23 of each sex, have all been from natural causes, with two exceptions, and have been verified by post-mortem examination in the excellent proportion of 95 per cent. of these cases. The excepted cases were those of (1) a patient who sustained an injury by a motor-car before admission, and (2) an aged patient in whom septicæmia followed an injury to his fingers sustained by being pushed over by another elderly patient. This is the only casualty of at all a serious nature that has occurred since the last visit.

We saw 45 male and 37 female patients in bed; that is 7 per cent. of the total number in residence. We have already said sufficient in this

entry to indicate our belief as to the high standard of medical and nursing attention accorded to these and other patients.

As resident medical colleagues, Dr. Menzies continues to have Dr. W. D. Wilkins (deputy superintendent) and Dr. F. H. Stewart; Dr. E. A. Chennell took up her duties as third assistant a few weeks ago. During our tour through some of the wards to-day we were joined by the Chairman of the Visiting Committee (Alderman T. Mitchell, M.B.E.), and we were later glad to avail ourselves of an opportunity of meeting several of his colleagues on the Committee.

Suffolk District Mental Hospital.

November 9th, 1928.

Since my colleague visited this hospital in April, 1927, 259 patients have been admitted, 133 have been discharged from certificates (of whom 31 had recovered), and 78 have died.

These changes leave on the books the names of 1,043 patients—505 men and 538 women—and all were in residence and were, I believe, seen by me to-day, except one man and two women who were away on trial.

Trial has been used in all for 50 patients, and I was glad to hear that it is used not only as a test of the patient's recovery, but also to find out whether the patient is fit to live outside an institution, even though he has not recovered. It is also satisfactory that in 29 of these cases a money allowance has been granted by the Committee. This allowance, as is well known, is often of the greatest value in helping the patient to tide over an awkward period, and to free him from any anxiety over financial matters during his first few weeks at home.

Fifty-six patients—54 men and 2 women—are classed as private patients, 50 of the former being either "Service" or "ex-Service" patients, but no patients are chargeable to out-county unions.

The maintenance charges are 20s. 5d. per week for home and 35s. for private patients, the maintenance cost as last ascertained being 20s. 7d.

The hospital provides accommodation by night for 444 males and 518 females, and by day for 476 males and 489 females, so that at present there is overcrowding by night by 60 males and 18 females and by day by 28 males and 47 females. To tide over this difficulty arrangements are being made to board out 34 of each sex at Kedington Poor Law Institution, but it is evident that before long the Committee will have to seriously consider the provision of further accommodation. When this is done I hope the need for an admission hospital, with a medical unit containing such things as an operating theatre, X-rays and violet rays, and facilities for hydrotherapy, accompanied by villas for convalescent patients, will not be forgotten.

Among the improvements carried out are the completion of the nurses' home, which is now in occupation, and the completion of the clerk and steward's house and the kneading plant in the bakehouse. The new water softening plant is now in progress, and I understand the lighting of the single rooms is gradually being extended. I hope that as opportunity occurs the remaining w.c.s will be provided with half doors.

I found the wards to be well kept, comfortably furnished, and to be well supplied with flowers and books for the patients' amusement. A number of rooms formerly occupied by nurses are now used by patients, and these rooms still contain their former furniture. I have no doubt that the patients who occupy these rooms are grateful for the privilege of being allowed to keep their own clothes, etc., and I hope it may be found possible to extend the privilege to others.

I was glad to see that each patient has his or her own hand towel and to hear that tooth brushes are issued to many.

The wards are provided with letter boxes for the patients' use, but for obvious reasons it would be better if the keys of the boxes were under the charge of an officer instead of the charge nurse of the ward.

I found the patients to be well and tidily dressed, and generally to be contented and free from complaint. Their health has been good, and during the 18 months under review there has been a complete absence of epidemic disease. To-day I saw 114 women and 97 men confined to bed, but in the large majority of the cases they were undergoing treatment for mental reasons. Some of these patients, no doubt for excellent reasons, had been in bed for considerable periods, but I hope that whenever possible such cases may be got up for a time daily for exercise.

The sick patients are nursed in their own wards, and are not congregated in one special infirmary, as is usual. If it is found possible to erect one or more verandahs adjoining a ward specially fitted for the purpose of a sick ward, perhaps the custom will be altered.

All patients known to have suffered from dysentery or enteric fever are as far as possible isolated from others, either in the isolation hospital or in some of the wards, and caution cards have been issued to the nursing staff concerning them.

With two exceptions the deaths were due to natural causes, and the cause was verified by post-mortem examinations in over 50 per cent. of the cases. Of the excepted deaths, one was due to asphyxia during an epileptic fit, and the other to self-strangulation by a female patient within a few days of her admission. An inquest was held concerning this case and the facts were fully reported to my Board at the time.

The staff consists of 62 male and 50 female nurses for day and of 9 male and 12 female nurses for night duty. Of the men 41, and of the women only 7 are certificated or registered as mental nurses, and 10 of the former and 17 of the latter have passed the preliminary examinations; all nurses now undergo the training.

I was glad to hear that the nursing staff on the female side is gradually being increased, and that there is need for this is shown by the few nurses on duty to-day in wards 7, 8 and 12, where patients who need much supervision and personal attention are accommodated.

Dr. Brooks Keith still has the assistance of Drs. Burke and Crawford only. The question of the appointment of another assistant is still under consideration, and it is to be hoped that the Committee will come to a favourable decision before long.

A dentist visits weekly, and a consulting surgeon and ophthalmic surgeon can be called in when required.

Surrey Mental Hospitals.—1. Brookwood.

October 4th, 1928.

We have to-day completed our visit to this institution, which we commenced yesterday afternoon, and we can report that generally we are quite satisfied with the state of affairs that we have found existing as regards the treatment of the patients and the administration of the hospital.

Since our colleagues' visit ten months ago the following numerical changes have occurred:—

	Males.	Females.	Total.
Admitted - - - - -	91	107	198
Transferred to other care - -	8	18	26
Discharged from order - -	32	41	73
of whom had recovered - -	21	22	43
of whom dealt with under s. 79	11	19	30
Allowed out on trial - - -	19	19	38
of whom granted allowances -	5	7	12
Died - - - - -	21	45	66

There are now on the statutory books the names of 1,404 patients, in the proportion of 565 men to 839 women, of whom 31 of the former are of the "Service" or "ex-Service" class.

There are no other private patients, and out-county patients only number 4—one man and three women—chargeable to 4 various unions. Three men and 4 women are now out on trial, leaving 1,397 patients in residence. During last year the average number of patients in residence was 1,353—530 on the male side and 823 on the female side. According to the return of accommodation furnished to us, there is room for 668 males and 850 females by day and for 560 males and 834 females by night, the latter figures being closely the numbers actually in residence, but we found in more than one dormitory on either side extra beds placed in addition to the regulation number. The question of further accommodation, we are glad to know, has engaged the attention of the Committee, and the plans have been approved by the Minister of Health for an addition to the farm villa, and the alterations are now in hand. Final drawings have also been submitted to our Office for the erection of an admission hospital for 40 males and 48 females, and for the extension of the nurses' home. These additional buildings will give about 100 extra beds, but we think that further accommodation will be needed, and should be provided on the lines suggested by our colleagues on their visit at the end of last year.

The weekly maintenance charge is 21s. 7d. for the county patients, and that sum plus 3s. 9d. for those of the "Service" class. The average weekly cost as last ascertained was 20s. 7·806d.

To the best of our belief we have seen all the patients in residence and given them an opportunity of speaking with us and stating any grievance or complaint. Apart from appeals for discharge, which were not unduly numerous, we received no complaints, and the patients on both sides appeared contented and well-behaved, and on good terms with the medical and nursing staffs. Their dress and personal appearance were satisfactory. We thought that there were a good many, especially among the women, who were sitting about unemployed, and not caring for books or papers, and we are glad to hear that Dr. Lowry is endeavouring to get some occupation, such as raffia work, mat making, and such like, started.

The day rooms, galleries and dormitories were tidy and properly kept. The chief work of reparation which has been and is being carried out is in connection with relaying the floors in female block 10, where dry-rot has destroyed the woodwork. A good deal of outside painting has been done, and several of the roads and paths have been made up and re-tarred.

Other alterations and improvements include the decoration of the kitchens in the main and annexe, the provision of a bread room, a "Peerless" mixer, extension of the vegetable room, and the installation in the laundry of a new calender and some washing machines.

In one ward, F, in female block 10, where 103 women are accommodated with 5 nurses, there is a shortage of w.c. accommodation, there being only 8 w.c.s in the ward. We received remarks about this from two or three patients.

Two wards on each side are administered on the open-door principle and 40 male patients have parole within the estate, but none beyond.

The mortality rate for the year ended December 31st last was the satisfactorily low one of 5·47 per cent., or 5·66 per cent. among the male patients and 5·35 per cent. among the female patients, calculated on the average number daily resident.

Since the last visit of our colleagues 21 male and 45 female patients have died, all, with 3 exceptions, from natural causes, the principal causes of death being verified by post-mortem examination in 23 of the total number. Four inquests have been held during the 10 months under review, in one case the verdict being from natural causes (angina pectoris); in one, death from misadventure (shock following operation for acute pyelonephrosis); and in two, suicide whilst insane. The circumstances of these two suicides were fully reported to our Board at the time, and no blame attached to any of the staff.

The principal causes of death among the 62 remaining deaths were senile decay in 23, pneumonia in 10; heart disease, general paralysis, and

tuberculosis in 4 each; exhaustion from acute psychoses in 5, cerebral hæmorrhage in 3, and the small remainder to a variety of physical diseases not calling for particular mention.

The serious, but non-fatal casualties, seven in number, which have occurred, have all been on the female side, a fact which is of some significance when the overcrowding in this division is remembered. The casualties were due to accidental falls or to being knocked down by other patients.

The general health appears to be good, and no case of epidemic disease has occurred.

At our visit to-day 11 patients—7 males and 4 females—were suffering from active tuberculosis, and of these 2 of the males were cases of tuberculosis of bone. These were all, however, cases of tuberculosis in an active condition, and their number is not a true index of the ratio of tuberculosis subjects in the hospital, as it does not include the number of male and female patients with quiescent and still existing tuberculous lesions. Thus to-day there were 18 males and 20 females on tuberculosis cards.

After our visit to all parts of the hospital we are satisfied that everything possible is being done for the treatment, care, and comfort of the patients. We could not but compare, however, the admirable, separate, small unit, with its own pleasant garden for the treatment of male patients with tuberculosis, numbering 17 at our visit, with the ward in which the female patients with active and also with quiescent tuberculosis are under treatment together with some non-tuberculous patients, and we trust that when further accommodation is provided this present disparity will be removed.

We visited the new pathological laboratory just completed, but not yet in use, and also the new X-ray room and ultra-violet ray installation. Both are valuable and needed adjuncts to diagnosis and treatment, and we hope the Committee will ere long appoint an additional medical officer, both on account of the volume of work to be done at this large and important hospital and in order that the special facilities for scientific work and improved treatment, which have now been provided, may fructify.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	9	14	23
Ordinary - - - - -	69	81	150
Night - - - - -	12	19	31
Certificated or registered - -	39	24	63
Passed preliminary examination	10	10	20

Dr. Lowry has the assistance of Dr. R. N. B. McCord as his deputy, and of Dr. Paton and Dr. Barber as medical officers.

Surrey Mental Hospitals.—2. Netherne.

March 22nd, 1928.

We have to-day paid the annual visit on behalf of our Board to this institution, and are much pleased with what we have seen. The hospital is maintained in excellent order and well administered by Dr. Coombes.

Since our colleagues' visit ten months ago the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	76	145	221
Transferred to other care - -	19	18	37
Discharged from order - -	31	48	79
of whom had recovered - -	19	26	45
of whom dealt with under s. 79	5	11	16
Allowed out on trial - - -	15	30	45
of whom granted allowances -	3	3	6
Died - - - - -	27	31	58

There are to-day on the statutory books the names of 981 patients, in the proportion of 365 males to 616 females. One man and five women are now out on trial, leaving 975 patients in residence. Seventy-two men and 60 women are classified as private patients, 39 of the former being of the "Service" or "ex-Service" class. There are 17 male and 7 female out-county patients, of whom 12 are received under contract from the borough of Brighton, being juvenile cases accommodated on the female side in the north villa. The remaining 12 out-county cases are chargeable to as many various unions.

The weekly maintenance charge is, for the home patients, 21s. 7d., and that for those of the private class from 35s. to 42s., whilst the average weekly maintenance cost as last ascertained was 22s. 4.64d.

The total accommodation in the hospital is for 1,000 patients—380 on the male side and 620 on the female side. Some of the latter accommodation is taken up by male juveniles, and the institution is practically full on the female side, and there are only a few vacancies on the male side. This shortage of accommodation has been engaging the attention of the Visiting Committee for some months past, and to relieve the pressure on the female side it has been decided as a temporary expedient to convert the small recreation hall at the admission hospital into a dormitory for 14 female patients, to put some 17 extra beds in the 12 wards in the main building, and to terminate the contract with the borough of Brighton. It is hoped that the future requirements will be carefully considered with a view to the adequate extension of the hospital by the erection of detached buildings of simple arrangement and construction.

To the best of our belief we have seen all the patients in residence and given them an opportunity of speaking with us. We found them very quiet and well-behaved and free from any complaints other than on the grounds of detention, and these appeals for discharge were not unduly numerous, and were from patients not yet fit for release. We were quite satisfied as to the care and comfort the patients were receiving, as well as the medical and the nursing attention bestowed on them.

Their dress and personal appearance were satisfactory. Slippers have been provided for the women as suggested by our colleagues, but a steam clothes press for the men's garments has not yet been authorised.

The day rooms and galleries were well kept, and there was a very good supply of plants and flowers in all the wards. There seemed, too, to be a good number of books and papers.

We should like to see letter boxes provided in each ward, and also labels indicating the areas of the various day rooms and dormitories. The notices as to correspondence, which are up in the wards, are not on the line suggested by our Board, and we should like to see them revised on those lines.

The ward gardens were tidy and well kept, and we were glad to see that flowering shrubs had been planted along the fences dividing the gardens. Some of the seats in the gardens were dirty, and require more attention.

Since the last visit an X-ray apparatus and ultra-violet ray plant have been installed, and have proved to be very useful. A clinical laboratory has been fitted up, and its value would be much increased by the appointment of a trained laboratory assistant to carry out the routine work.

On visiting the operating theatre we thought that a compartment for administering anæsthetics could easily be provided by enclosing with sliding doors the part adjacent to the corridor.

We also suggest that the ante-room at the mortuary can easily be converted into a room in which the friends of deceased patients can view the bodies. We have stated our views on these matters to Dr. Coombes.

A cover has been fixed to the dough mixer in the bakehouse, which when lifted stops the machinery.

The general health has been good, and with the exception of a single case of dysentery on the female side, which was promptly isolated and

recovered, the hospital has been entirely free from any kind of epidemic or zymotic disease, and so remains to-day.

The mortality rate for the year ended December 31st, 1927, was 9·18 per cent., calculated on the average number daily resident, or 10·54 per cent. among the male and 8·31 per cent. among the female patients.

During the ten months which have elapsed since our colleagues' visit 27 male and 31 female patients, or 58 in all, have died, all from natural causes, the principal causes of death being confirmed by post-mortem examinations in 37, or 64 per cent. Bed sores existed in only one case, a fact which, bearing in mind the considerable number of senile and bed-ridden cases on the female side, is itself evidence of good and careful nursing and attention. The principal causes of death were heart disease in 12, senile decay in 9, organic brain disease in 7, tuberculosis in 5, and epilepsy in 3, in the remainder death being due to various physical diseases not calling for special mention. There was only one death from general paralysis.

An inquest was held in one case, the verdict being death from natural causes. Only 3 serious but not fatal casualties involving fracture of bone have occurred within the hospital and grounds, all due to accidental falls, but two patients, one male and one female, who had escaped, sustained severe injuries whilst away from the hospital, one—the male patient—by being knocked down by a motor-car, fracturing an arm, and the other—a female patient—who strayed on to the railway line and was knocked down by a passing train, injuring one leg so severely that it had to be amputated, and for which she now wears an artificial limb.

At our visit to-day 20 male and 74 female patients were under treatment in bed, the great majority of these for treatment of physical disorder or on account of senile infirmity. Those in bed on the male side comprised only 5·4 per cent. of the total number of such patients, whereas those on the female side formed 12·1 per cent. of the total female patients. We were satisfied that in all these cases bed treatment was proper, but it appeared to us that a considerable number of them, senile, well-behaved elderly demented could quite suitably be treated and cared for in poor law institutions.

There has been no employment of mechanical restraint. Seclusion has been resorted to in the cases of 4 men and 13 women on 12 and 51 occasions respectively.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	9	13	22
Ordinary - - - - -	48	56	104
Night - - - - -	8	10	18
Certificated or registered - -	35	31	66
Passed preliminary examination	1	5	6

Dr. Coombes has the assistance of three medical officers, Dr. L. M. Webber, who, we regret to say, is on the sick list, and Dr. Ewen and Dr. T. Rees.

East Sussex Mental Hospital.

February 15th, 1928.

We have to-day completed the annual visit on behalf of our Board to this hospital, which we commenced yesterday, and are glad to report that it continues to be maintained in excellent condition and to be administered on progressive lines by Dr. Taylor and his staff.

Since our colleagues' visit 11 months ago the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	77	134	211
Transferred to other care - -	10	15	25
Discharged from order - -	37	67	104
of whom had recovered - -	28	54	82
of whom dealt with under s. 25	—	1	1
of whom dealt with under s. 79	3	2	5
Allowed out on trial - - -	20	35	55
of whom granted allowances -	11	16	27
Died - - - - -	30	32	62

These changes leave on the books the names of 1,217 patients, in the proportion of 481 males to 736 females. Of these, 4 men and 1 woman are out on trial and 2 women boarded out under the provisions of s. 57 of the Lunacy Act, 1890. Private patients number 123—66 males and 57 females; of the former, 42 are “Service” or “ex-Service” men.

There are 263 out-county patients—95 males and 168 females—of whom 80 males and 158 females are received under contract from the County Borough of Hastings; 9 boys and 2 girls are also received under contract from the County Borough of Eastbourne, and 2 boys and 5 girls from the Brighton Mental Hospital.

The accommodation as returned to us is for 518 male and 739 female patients by day, and for 476 males and 720 females by night. In residence to-day are 477 males and 733 females; the hospital is therefore quite full. Over 14 months ago an agreement was entered into with the Guardians of the Steyning Union for the reception of 23 male chronic patients in that poor law institution, but up to now it has not been acted on. It seems, therefore, that the time has come for some male patients to be removed under that contract.

The weekly maintenance charge for the county patients is 23s. 11d., and for those of the private class 40s. 3d. The average weekly maintenance cost for the year ended March 31st last was 24s. 4½d.

During the course of our visit we have, to the best of our belief, seen all the patients in residence, and found them in receipt of proper care, attention, and nursing where necessary. They were generally quiet and orderly in their behaviour, although in two of the female wards, where the more excitable patients are, there was some noise.

The dress and personal appearance of the patients of both sexes were satisfactory, and we are glad to find that several of them wear their own clothing. In nearly every ward on the female side night-dress cases have been provided, and we are satisfied that the arrangements for each woman to keep her own are now satisfactory. The beds and bedding were clean and well arranged.

One male and four female wards, and one male and two female villas are administered upon the open-door principle. Parole beyond the estate is given to 11 of the male patients, and within the boundaries 43 men and 127 women have that privilege.

From the annual returns for last year we find that the good percentage of 54·6 of the patients attend the Church of England services in the chapel. During the past year there has been placed in the Chapel a very fine stained-glass window in the east end of the chancel provided by the staff, the patients and their friends.

The weekly entertainments are also attended by a good percentage of patients—49·7. We learnt that cinematograph exhibitions are given and that the apparatus, which is hired for each occasion, is placed in the centre

of the recreation hall on the floor. We think that a properly constructed fireproof chamber should be provided at one end of the hall.

The fabric of the building is maintained in a good state of decorative repair. Some repainting and decoration has been carried out, and some is now in progress in one of the male infirmaries.

Works completed since the last visit include accommodation for refrigerating plant and cold storage, the enclosing the ends of the verandahs, and the provision of a guinea-pig house for the pathologist.

Some additional washing machines and alterations to other machines in the laundry have been or are in the course of being made in the laundry. In this department we think the provision of a Hoffman steam press for the male clothing which has to be washed would be very useful.

A new staff infirmary has been provided giving accommodation for 2 male and 6 female members of the staff. An operating theatre has also been erected and fitted up.

The mortality rate for the year ended December 31st, 1927 (6.22 per cent., or males 6.88 per cent., females 5.78 per cent.), was the lowest recorded since the opening of the hospital, with the exception of the first year, 1903, when the death rate was 5.6 per cent. Since the last visit of members of our Board 30 male and 32 female patients have died, all from natural causes with the exception of one, that of a male patient, who died from shock following operation at the Princess Alice Hospital, Eastbourne, for removal of tongue. In another case, the subject of a coroner's inquest, death was from bronchial pneumonia following fracture of femur accidentally sustained. Except one death from enteric fever, another from dysentery, and 15 from pneumonia, there is nothing of note among the causes of death, which were verified by post-mortem examination in 43 cases.

The general health during the period under review has been exceptionally good. Only 3 cases of dysentery occurred and one case of enteric fever. A small outbreak, suspected to be scarlet fever, was investigated in the laboratory, but was proved not to have been scarlatina. At our visit there were only 4 cases suffering from tuberculosis.

The excellent general health and almost entire freedom from disease of an epidemic nature is no doubt due to many favourable factors, foremost among which we would place skilled attention and treatment to the mouth and teeth of all patients given by the dental surgeon; the extensive employment of open-air treatment, made possible by the numerous verandahs; numerous changes and additions to the dietary, and last, but certainly not the least, the close co-operation of laboratory investigation and clinical work in the wards, and the immediate search for and stamping out of zymotic and epidemic disease when introduced into the hospital.

The treatment of general paralysis by induced malaria is vigorously pursued with highly satisfactory results. We were especially interested to hear that Dr. Taylor, who has taken pains to keep in touch after their discharge with patients who have undergone this treatment, that of the five patients so treated and discharged in 1925 all are still well; of the three discharged in 1926 two are well, and one is under treatment in another mental hospital, but not for general paralysis, of which he shows no sign; and of those discharged in 1927 eight continue well and two have made no progress.

In addition to the large amount of routine work in the laboratory, considerable research work of much value, with special reference to epilepsy, has been carried out by Dr. Shera, the pathologist, and is still in progress.

We are very well satisfied that the medical treatment at the hospital is of a high order, and that the patients are well and kindly nursed and in receipt of every attention.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	12	17	29
Ordinary - - - - -	52	88	140
Night - - - - -	11	18	29
Certificated or registered - -	53	47	100
Passed preliminary examination	7	18	25

Ten women nurses are employed in nursing male patients.

Dr. Taylor is ably assisted by Dr. J. N. G. Nolan, deputy superintendent, Dr. A. Duncan, and Dr. Morris Robinson.

The clinic for mental and nervous diseases at the Princess Alice Hospital, Eastbourne, has been continued throughout the year, and will, we hope, be more extensively used in the future.

West Sussex County Mental Hospital.

November 7th, 1928.

It is nearly 20 months since this institution was visited on behalf of my Board, and during that time the question of providing further accommodation for patients and staff has been engaging the attention of the Visiting Committee, and conferences have been held between them and the members of my Board. As a result of a recent discussion with one of the Commissioners it has been agreed provisionally to revise the scheme of proposed extension, so as to include the provision of a detached villa for 50 trustworthy patients, and also the nucleus of a well-arranged conjoint admission hospital for both sexes. The estimates for the expenditure on these extensions, together with further provision for the nursing staff, and reorganisation of the heating and hot water systems in the existing hospital and other matters, are to come before the Finance Committee of the County Council this week. It is much to be hoped that provision will be made for the commencement of at any rate part of the scheme—the admission hospital, as during the course of my visit to the wards yesterday it was noticeable, especially in the infirmary dormitories on the female side, that there was a want of female accommodation, and for better provision for the admission of male patients.

I have had the advantage of meeting this morning Mr. A. C. Harris, the Chairman of the Committee, and of being shown by him some possible sites for the various proposed buildings.

Most of the suggestions of my colleagues in their last report have been carried out; a new type of shoe for the women patients has been introduced; curtains have been hung between the baths in the wards on the female side and flannel mats have been provided in the general bathroom; a further supply of coats has been made for the male patients; hot water has been laid on to the farm buildings, and a steam jet pipe has been fixed in the stores yards for sterilizing the milk cans. It has not been found possible to provide a safety lid to the existing dough mixer, and the matter has been deferred till such a time when the bake ovens will have to be converted to draw plate ones.

The laundry drying room is still excessively hot, but the matter is engaging the attention of the Committee. It struck me on visiting the laundry that a steam press for the outer garments of both sexes which have to be washed, and a collar and apron ironer, would be valuable additions to the machinery here.

A water softening plant has been installed with satisfactory results. Tar spraying has been carried out on the roads of the estate and the walks in the ward gardens, and these are in a satisfactory state.

Generally the structural state of the hospital is good, and the internal decorative condition well maintained. B 1 ward on the female side has recently been done up with a pleasing colour scheme.

The wards and dormitories were tidy and well kept, the former being well supplied with autumn flowers. It struck me that there was still a shortage of books, especially of bound picture periodicals, and on visiting the library I saw several volumes of old *Graphics* and *Illustrated London News*, which I suggest should be distributed among the wards. There is not a letter box in each ward yet, but the supply is being increased.

The following numerical changes among the patients have occurred since March 14th, 1927:—

	Males.	Females.	Total.
Admitted - - - - -	121	159	280
Transferred to other care - -	7	14	21
Discharged from order - -	36	56	92
of whom had recovered - -	31	48	79
of whom dealt with under s. 79	—	5	5
Allowed out on trial - - -	28	43	71
of whom granted allowances -	2	—	2
Died - - - - -	36	41	77

These changes leave on the books the names of 866 patients, in the proportion of 350 men to 516 women; 40 men and 30 women are classed as private patients, 27 of the former being "Service" or "ex-Service" patients. Out-county patients number 29—26 men and 3 women—24 of the men being received under contract with the Borough of Croydon. Having regard to the increasing numbers of male county patients, this will soon have to be determined.

At present 4 men and 2 women are away on trial, leaving 346 men and 514 women in residence, a total of 860. The average number of patients resident during 1927 was 316 men and 471 women—a total of 787.

The existing accommodation is for 339 men by day and 353 by night, and for 461 women by day and 481 by night. The hospital is therefore over-full to the extent of 7 male and 53 female patients.

The weekly maintenance charge is 23s. 11d. for the county patients and from 35s. to 105s. for those of the private class. The average weekly maintenance cost as last ascertained was 24s. 1d.

I found the patients on both sides very quiet, well behaved and contented. I received very few appeals for discharge. Their clothing and personal appearance as regards tidiness were satisfactory.

I yesterday saw the teas being partaken of in some of the female wards. As regards the ordinary patients who are non-workers, or whose friends do not provide them with extras, it seems that it is a very monotonous meal, only varied from bread and butter once a week at this time of year, with cake or jam. In the summer I was told that salads are freely given with this meal. The breakfast meal also seems to be on much the same lines for the non-working patient.

Parole beyond the estate is given to 11 men and 12 women, and 20 other men and 30 other women have parole within the grounds. Three wards on the male side and 5 on the female side are administered upon the open-door principle, but in most of them they are only open to the immediate gardens.

The mortality rate for the year 1927 was 7·36 per cent.—7·27 for males and 7·43 for females. With two exceptions the 77 deaths since the last visit were due to natural causes, verified by post-mortem examination in 57 instances. The two excepted cases were the subjects of coroner's inquests, and the facts duly reported to my Board at the time. Both were of male patients, one dying from pneumonia following a wound of his throat self-inflicted before admission, and the other from suicide from being run over on the railway line after escape.

One other inquest was held, where death was found to be due to natural causes.

The chief causes among the remaining deaths were senile decay in 13 instances, heart disease in 11, pneumonia in 9, general paralysis in 6, and epilepsy in 5.

The present health of the hospital is good, and of the 26 men and 21 women whom I found in bed, few were seriously ill, and the majority were there on account of their mental state.

There was a slight outbreak of influenza last year in the months of March, May and December, and of enteric fever in January, February and May of this year, when 3 female patients were attacked, and, very unfortunately, the medical superintendent, Dr. Ainsworth, also contracted this disease in the discharge of his duties. He has, I am glad to say, made a good recovery, and returned to duty in June.

At present there is no one suffering from enteric fever or dysentery, of which latter disease there was one female case in April. Eight men and 7 women are returned as now suffering from tuberculosis.

There have been 13 serious but not fatal casualties, but in no one of them were members of the staff directly involved. Six were due to falls, three to quarrels or struggles with other patients, and one man received a severe cut on the foot through putting it through a glass window.

No mechanical restraint has been used. Seclusion has been employed for 9 men for 122 hours and for 40 women for 1,499 hours since the last visit.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	9	11	20
Ordinary - - - - -	41	48	89
Night - - - - -	6	14	20
Certificated or registered - -	33	19	52
Passed preliminary examination	4	8	12

I found on duty in the wards at the time of my visit 36 male and 38 female nurses. There are none of the latter employed in the male wards.

Dr. Ainsworth has to assist him as resident medical staff, Dr. S. Nix, deputy superintendent, Dr. C. H. Lee and Dr. R. E. Williams. The visiting specialists are the same as formerly.

Warwickshire Mental Hospital.

November 15th, 1928.

Our visit, which began late yesterday evening and has been continued through the whole of to-day, has been one of much interest to us both.

The interval between now and April, 1927, the date when the hospital was last visited by Commissioners, has been one of much activity and continued progress.

Foremost among the many improvements overtaken and in progress is the completion of the new lighting, heating and power scheme. Electric current began to be available last Christmas and has been fully in use since early in March. The heating, so far as can be judged pending the arrival of more severe weather, seems thoroughly efficient; we were glad to notice last night that open fires are nevertheless lit after tea in those wards where sitting up beyond the usual bed-time is allowed.

The introduction of electric light, beyond its great convenience and cleanliness, has enabled:—

1. A Hobart mixer and certain other useful additions to be set up in the kitchen.

2. First-rate cold storage to be provided, with separate compartments for butcher's shop and meat, fish, and milk; and

3. The fitting up of a good-sized room for light treatment and the provision in each admission ward of diathermy apparatus.

A radical reconstruction of the laundry has been completed, and work can now be carried out there with expedition and efficiency and in healthy surroundings. We were well pleased with all we saw there, and were glad to learn that the ward overhead, which is badly in need of redecoration, will in its turn be taken in hand.

Another improvement of high importance is the completion of additional verandah facilities, namely, a verandah for six beds at male ward No. 1 (the ward at which the more excited of the admissions are received), another for four beds at the female convalescent ward No. 6, and another for 18 beds at the female admission ward; this ward serves also as a sick ward and has now liberal verandah space for 35 beds. Considerable more verandah facilities are in course of erection on the male side at the admission ward (No. 3) and at the semi-convalescent ward (No. 4). It is manifest that the great and proved value of open-air treatment is fully recognised at this hospital, and we notice with much satisfaction that, notwithstanding the fact that practically all the verandah beds are in occupation by night, no desire is felt here to close their fronts in by casements or other devices which; in our experience, greatly nullify their value. Several more of the old sanitary spurs have been modernized, and this work is now practically complete on both sides.

A new ward garden has been laid out for male No. 2 ward, and in this connection we may remark how very pleasing is the appearance of the ward gardens in general.

We are particularly glad to ascertain that the nurses' accommodation has been lately visited by the House Committee. From what they must have seen and from what we ourselves have noted, we feel sure that the Committee will without delay consider the best way of making provision worthy of the hospital for their nursing staff. This we consider a matter of urgent importance.

Careful consideration is given to the patients' clothing, and we were pleased to learn that 90 of the county patients on the female side wear their own dresses.

A considerable amount of the making of the clothes and all the mending is done partly by the patients in the wards, but principally in two workrooms, one attached to female ward No. 7 and the other adjoining the laundry. The workroom off No. 7, where we saw 28 patients at work to-day, is seriously overcrowded and is not really suitable as a workroom, having windows only at one end. It is, moreover, needed as a day room for the ward. Under better conditions we believe that the output of work could be increased at greater benefit to the patients employed, and we would most strongly repeat the recommendation made at two previous visits that this important question should be given early consideration.

At the same time, we hope that it will be possible to provide a room as an occupational unit. A beginning in occupational training has been made by providing material and encouraging the nurses in the wards on the female side to teach raffia work, knitting, etc. In addition to this work in the wards, however, we believe that selected patients would greatly benefit by systematic training in a separate workroom, and in view of the importance we attach to this part of the patients' treatment we should like to recommend the appointment of an occupational trainer, specially qualified to teach varied handwork and to organise such work in the wards and in the occupational unit.

There is one other matter to which we should like to draw attention. In the two wards occupied by troublesome patients (female ward No. 2 and male ward No. 2) the conditions are such as to give rise to serious difficulties. In male ward 2, especially, the overcrowding in the day room is marked; this day room was to-day in use for 77 patients, whereas there is day space allowance only for 50.

Including 11 patients absent on trial, there are now the names of 481 males and 680 females on the books. Of these, and including 35 "Ser-

vice " and 3 " ex-Service " cases, 48 men and 46 women are classed as private patients. While we are glad to see how full use is made of the system of allowing patients out on trial before full discharge, we regret to notice that to none of the 114 cases so allowed out has any money grant been given. It is impossible to believe that none of the cases needed, or at least would have benefited by, financial aid, and we again appeal to the Committee liberally to exercise their powers in this direction under s. 55.

We were interested to learn that reports are now sent in to Dr. Forrester through the Warwickshire Association for Mental Welfare on the home conditions of all new admissions, as well as reports on cases sent out on trial, and that all discharged patients are reported to that association for after-care.

Leaving out of account the 20 vacancies for females at Leigh House, which is only for private patients, and including beds on verandahs, there are said to be 24 vacancies on the male side and 25 on the female side.

The maintenance charges remain the same as recorded last year by our colleagues.

Parole to suitable patients is liberally accorded, and we feel sure that this fact, coupled with the great attention given to their dietary and their other creature comforts, are material aids to the contentment we found among them in general. We were satisfied that the diet was good and varied, and were impressed with the good management in the kitchen department.

We found in various wards 15 children under 16 years, some of whom were giving trouble in the wards, and we hope that the earliest opportunity will be taken to transfer them to certified institutions under the Mental Deficiency Act, where they can be amongst children and receive suitable training. We have noted the names of five of these in the patients' book.

The total death rate during 1927 was 10 per cent., the male and female percentages being respectively 11·9 and 9·2. These are higher proportions than the average of mental hospitals, but we do not think that this fact need modify our view that the health of the institution is good.

In the past 19 months, the period under review, there have been 91 deaths on the male and 89 on the female side. Two of these were cases of suicide, one in the institution and one while absent on a day's leave. One was due to injury accidentally sustained whilst out for a walk. Apart from these three cases, in each of which—as well as in six other cases—inquests were held, all these 180 deaths were from natural causes. They were verified by post-mortem examination in scarcely 53 per cent.; this is a proportion we greatly hope strong effort will be made to increase.

Tuberculosis accounts for only 5 per cent. of the deaths; the number of present ascertained cases of this disease is 4 on the male and 10 on the female side. There have been some 11 male cases of severe diarrhoea, bacteriological examination of which carried out here failed to give evidence of their being dysenteric in nature.

Casualties, other than those mentioned in the deaths, have been limited to three cases of fracture of bones and one of self-inflicted injury to the neck.

We spent a considerable time in the laboratory. Its enlargement, the manner in which it has been equipped, and still more the extensive and systematic work being carried out in it by Dr. Forrester and Dr. Gamble, have pleased us much. We regard it and this work as one of the most important parts of the hospital's medical work, and we hope that its fuller development, as necessities arise, will receive every encouragement.

Much commendable attention is being given to the teaching and training of the nurses, the good results of which is certainly reflected in the standard of nursing noticeable in the wards.

Our visit has pleased us much and we desire to congratulate the Committee, Dr. Forrester and the staff, by whom he is supported with evident

loyalty, upon the success which is being attained in bringing this hospital, now three-quarters of a century old, up to the standards of modern requirements.

Isle of Wight Mental Hospital.

March 3rd, 1928.

I have to-day visited the hospital and have found it well maintained; the wards, day rooms and dormitories in excellent order, well warmed, and for the most part bright, cheerful and pleasingly decorated. To the best of my knowledge I have seen every patient in residence and have given each an opportunity of speaking to me. I found them in general very quiet and well-behaved and, apart from several requests for their discharge, for which I satisfied myself they were unfit at present, contented. I received two complaints: one as to the dietary and the other of ill-usage by the staff, both of which I investigated and found without foundation. On the other hand, I heard many expressions of gratitude for good and kind treatment by the medical and nursing staff.

Most of the recommendations made by my colleague at the last visit have been carried out. The granting of money allowances to those on trial is carefully considered in every case, and action in this direction taken wherever required. Milk is now given at breakfast with porridge, and it should be mentioned fish has been added to the breakfast dietary one day a week. The matter of caution cards has been attended to, etc. The general redecoration of the hospital has been carried out in large part; on the male side three of the four wards have been completed, and on the female side the private block part of the hospital ward, the nurses' rooms, etc.; the dormitory, however, of female hospital ward, or ward 4, seems much in need of brightening.

The changes which have occurred amongst the patients since the hospital was last visited by a member of my Board have been as follows:—19 male and 43 female patients have been admitted; one male and 3 females have been discharged to other care; 14 males and 17 females, or 31, have been discharged from reception orders, of whom 10 males and 13 females, or 23, had recovered, and 7 male patients and 14 female patients have died.

These changes leave on the books the names of 120 males and 219 females, or 339 in all, of whom 1 male and 3 females are now out on trial, leaving in residence to-day 119 male and 216 female patients. The hospital is thus slightly overcrowded to the extent by day of 9 males and 7 females, or by night of 2 males and 6 females. The number resident includes 44 private patients (17 male, 27 female) and 7 "Service" patients as well as one out-county patient.

Since last visit 9 male and 14 female patients have been allowed out on trial, of whom three were granted money allowances.

During the period under review there has been no employment of mechanical restraint, and only two patients have been secluded for a total duration of 9 hours and 25 minutes.

The general health appears to have been very satisfactory. With the exception of one case of erysipelas there has been no occurrence of infectious disease of any kind, and only one patient now suffers from tuberculosis.

The mortality rate for the year ended December 31st last was 10·0 per cent., calculated on the average number daily resident, or 8·47 per cent. for the males and 10·84 per cent. for the females. Since last visit 7 male and 14 female patients have died, all from natural causes, the causes of death being verified by post-mortem examination in 12.

One inquest was held during the year on a male patient who died from disease of the bladder and kidney, aggravated by an accidental fall in the street. Of serious but not fatal casualties there was only one, due to accidental fall whilst polishing a floor.

I feel satisfied that the patients here are in receipt of every proper care and attention and are well and kindly treated. I am sure, however, that the provision of additional verandahs for the open-air treatment of many patients who would benefit by it, quite apart from those suffering from or suspected of tubercular infection, would soon prove their great value. The viewing room at the mortuary could be improved at little cost, and also the post-mortem room. I was pleased to hear from several male patients of the pleasure they derive from visiting the cinema at Newport, and have no doubt that in due course a cinema will be established in the hospital recreation hall.

The nursing staff under the matron and head attendant consists of 5 male and 5 female nurses holding charge rank, 14 male and 25 female ordinary nurses and 3 male and 6 female nurses on night duty. Nine of the male and 7 of the female nursing staff are certificated or registered as mental nurses, and one male and 2 female nurses have passed the preliminary examination.

I was accompanied throughout my tour of the hospital by Dr. Erskine, medical superintendent, who has the assistance of Dr. Brunlees, who has just returned from a period of study-leave at the Maudsley Hospital, generously, and if I may venture to say so, wisely granted by the Committee.

Wiltshire Mental Hospital.

June 19th, 1928.

Since our colleagues were here seventeen months ago the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	122	153	275
Transferred to other care - -	4	37	41
Discharged from order - -	39	59	98
of whom had recovered - -	27	43	70
of whom dealt with under s. 25	1	3	4
of whom dealt with under s. 79	2	5	7
Allowed out on trial - - -	33	49	82
of whom granted allowances -	14	18	32
Died - - - - -	68	77	145

These changes leave on the books the names of 1,170 patients, in the proportion of 512 males to 658 females. Of these, 39 males and 18 females are classed as private patients, 34 of the former being of the "Service" or "ex-Service" class. Out-county patients number 99—36 men and 63 women; of these, 10 men are received under a reception contract from the borough of Croydon, 24 men under one from Berkshire, 23 women from the city of Nottingham, and 35 women from the Middlesex Mental Hospital at Napsbury; the remainder are isolated cases not received under contract.

The accommodation as returned to us is for 531 men by day and for 511 by night, and for 619 women by day and for 627 by night. Two men and 4 women are now out on trial, leaving 510 men and 654 women in residence. The hospital is therefore full on the male side, and somewhat overfull on the female side. Although there appears to be sufficient accommodation for the needs of the county of Wilts for some time, having regard to the shortage of accommodation for patients throughout the country generally we hope that every vacant room will be made use of, and in this connection we saw two departments with cubicles for nurses, which are practically vacant now that the new nurses' home is in occupation, and there is also the isolation hospital, which has not been used for some time, and which would accommodate about 12 to 16 of the really

convalescent class of one sex, who could easily vacate it at short notice if it were required for isolation purposes.

The weekly maintenance charge is, for the county patients, 18s. 8d. per head, and that for those of the private class from 25s. to 31s., whilst the average weekly maintenance cost as last ascertained was 18s. 3½d.

Generally we found the patients contented and free from complaints, and quiet and well-behaved. There was rather more noise among the more troublesome male patients than among the females of that class. In both of the wards where these patients are accommodated we noticed a lack of ornaments, plants, flowers, and such like, and the day rooms appeared very bare and comfortless. Generally throughout the wards on the male side there is still a scarcity of plants and flowers, as noticed by our colleagues last year, and we learn that a possible reason of this is that the gardener has no glass-houses in which to raise a stock of plants. On the female side there was a better supply of plants, and this is chiefly due to the efforts of the nurses themselves. There were a number of empty bird cages.

The decorative condition of the female wards was much better than that of the male. More attention is required to the cleanliness of the windows, especially in the single rooms, and it seemed to us that on the male side, where there were a number of padded rooms in disrepair, the pads might be removed entirely. In the older male wards the recesses in the sanitary blocks, where the slop sinks are placed, are without doors. We suggest, in order to prevent their improper use, that they should be provided with doors, to be kept locked, and preferably with glass panels.

The beds and bedding generally were tidy, well kept, and clean. Some of the canvas bottoms to beds in the male dormitories require renewing. In the special dormitory of male 4 ward we noticed two sets of basins which were not being used. We think these should be made available for use. We did not see any nail brushes, nor were there any towels in evidence in the lavatories on the male side. Some jack towels at least should be put up.

The ward gardens are not very attractive, and we think these should be better kept, by the grass being kept cut and the paths bordered by edging tiles; more seats are required, especially against the walls of the buildings, and in some cases the trees want thinning out and cutting back, as they obscure the light into the wards.

On visiting the laundry we noticed the want of a calender for the dresses and aprons of both female staff and patients, and a steam clothes press for the use in case of the male garments, which have to pass through the laundry, would be useful.

We are glad to hear that the provision of a cold storage chamber for meat is under consideration, as the present butcher's shop is small and primitive.

A new water storage tower is being erected between the annexe and the nurses' home to hold 50,000 gallons of water, which will be pumped from the hospital's own well. This is of additional value from a fire protection point of view.

We visited Wick villa, which was used for night nurses prior to the opening of the nurses' home. If it is possible to put this in habitable repair without undue outlay, we hope that the house will be brought into use, for instance, for the accommodation of one of the married medical officers.

The death rate during 1927 was 9·6 per cent., the difference between the sexes being very small. This is noticeably higher than the average for all mental hospitals, which was 7·9 per cent.

The 68 male and 77 female deaths which have occurred during the past 17 months have all been from natural causes, with the possible exception of one in which an accidental fall was thought to have hastened the patient's death. The cause of death was verified by post-mortem examination in 80 per cent. of these deaths—a proportion which is highly credit-

able to the interest of the medical staff in obtaining consent to the holding of these important examinations. Among the causes of death, heart disease, senile decay, and arterio-sclerosis account between them for 47 per cent.

Tuberculosis seems to have been the cause of death in 14 per cent. of the deaths, a proportion which we think every effort should be made to reduce—towards which it seems a great pity that advantage is not taken of open-air treatment on the excellent verandahs at the annexe; if this is not practicable a verandah seems called for at ward 7 on each side. Value in this and other directions would probably be found by the provision—not an expensive matter—of lamps for giving treatment by ultra-violet radiation. Of great importance, of course, are recognition, segregation and active treatment of these tuberculosis cases in early stages of the disease. That more could be done in this direction seems suggested by the figures before us. We feel, for instance, that the number of ascertained and treated cases during a given period should always much exceed the fatal cases during the same period; whereas we notice that, since January 1st this year, there have been 10 deaths in which tuberculosis is entered as a cause, although on that date there were only 4 ascertained cases in the hospital, and only one of these 10 cases was a recent admission. The number of cases now here, so far as known, is 3 on the male side and 5 on the female side.

Another preventible disease which has been troublesome is dysentery, of which, scattered through the period under review, there have been 18 on the male and 14 on the female side; at present there is only one (a male) under treatment. Such cases during treatment, and for an indefinite period afterwards, are carefully segregated in a selected ward on each side (Nos. 6 and 2), and good care seems taken as to disinfection of clothing. We feel convinced, however, that until a laboratory has been fitted up and equipped, and a competent technical assistant provided, these methods will never eradicate the disease. We suggest the feasibility of using the mess-room in the nurses' home more generally and of utilising the old mess-room as a laboratory. Of course, it is by no means merely in relation to dysentery that we strongly press for this important addition to the medical resources of the hospital.

There have been 11 cases of fracture of a bone; two were caused in altercations with a fellow-patient, all the others being the result of simple accidents. In this connection—though there are many other directions in which it would be useful—we are glad to know that the provision of X-ray apparatus has been favourably considered.

The nursing staff seems to us numerically low as compared with what obtains elsewhere, and it is with regret that we see from the returns that on January 1st last, while 28 per cent. of the male nurses are certificated in mental nursing, none of the women were thus qualified. By the appointment of a sister tutor and in other ways, commendable efforts are, however, being made to ensure more systematic training of the staff, and 6 of the women are now certificated. We suggest the provision of a reasonable supply of professional books in their "quiet room" in the nurses' home, on the understanding that it is an offence to remove any of these books from this room.

As resident medical colleagues Dr. Cole has to assist him Dr. Leech (deputy superintendent), Dr. G. N. W. Thomas and Dr. J. M. A. Speer. We are glad to know that encouraging progress continues to be made in the out-patient centres for the treatment of mental cases established at the general hospitals at Swindon and Trowbridge.

Worcester County and City Mental Hospital, Powick.

October 5th, 1928.

What has struck us both during our visit to this hospital to-day and yesterday is the urgent need for the introduction of electricity. We are

well aware of the difficulties of such an undertaking, but we feel convinced that it would be of very great advantage to the hospital and also to the patients. Much of the signs of dinginess that we noticed during our inspection are due to the gas, and there are many suggestions that we should like to make which, in the absence of electricity, must wait until a future occasion. Meanwhile we think that a thorough inspection of the gas fittings throughout the hospital should be undertaken, as we noticed escape of gas in various places, and we found that many of the gas taps are without stops, this alone being responsible in two instances for a serious escape of gas.

We were very glad to see that work of redecoration is proceeding at a satisfactory pace, and such parts of the hospital as have been finished are looking bright and attractive.

As soon as the electric light is available we hope that no time will be lost in providing the hospital with a cinema apparatus, which our experience teaches us is so much appreciated elsewhere. The position and building of the hall, provided, as we understand it will be, with an outside staircase for additional safety, is such that a satisfactory outside operating room could easily be built without, we think, running into any great expense.

We were struck at the limited w.c. accommodation in some of the wards in the older parts of the hospital, and feel that when opportunity offers this matter should be taken in hand.

We were glad to hear that the question of some more modern equipment in the kitchen of the main building is receiving attention, and we very much hope that it may be found possible to instal it.

We noticed that in conjunction with the patients' lavatory in the old kitchen there is no basin, and we think this is an important matter and should be dealt with, and that if made it should be somebody's duty both here and in the annexe kitchen lavatory to see that soap, nail brush and towels are provided.

In the course of our visit we went to the mortuary, workshops and the home farm, where we saw the new cowsheds and the dairy. In the latter place facilities for the sterilisation of the pails, etc., by means of live steam would be of very great advantage if it can be managed without great expense; in spite of this lack we found the dairy and all the apparatus belonging to it scrupulously clean. Our visit to this department and the subsequent inquiries we made in the stores leave us far from satisfied as to the sufficiency of the supply of whole milk to the patients. If we have got the facts rightly, a great deal of condensed milk is used here—about 150 to 200 12-oz. tins a week. All milk puddings, which form the second course at some of the dinners, are made with it, and, again, in the coffee and tea, instead of whole milk, separated milk to which tinned milk has been added is used. The evil of this is the greater in view of the fact that it is margarine and not butter which the patients have at breakfast and tea. We feel quite sure that the incidence of tuberculosis in mental hospitals is partly related to the amount of animal fat that is maintained in the dietary. A few mental hospitals provide butter and no margarine, and a great number introduce a proportion of butter in the margarine. We think (1) that tinned milk should be kept and used only for emergency purposes, and (2) that no butter should be made except from milk which is really surplus to the issue of whole milk in all parts of the dietary in which the term milk appears. In a district such as this is and from a farm the size of this one, we hope it may be possible to produce all the milk required, but failing that we think it should be purchased rather than use made of the tinned article.

We found the wards and dormitories clean and well kept and aired. The walls were well supplied with pictures, but the bookshelves in some of the wards were very poorly furnished with books, and these wards were not only those where destruction might most be feared. We hope, too,

that a larger supply of paper and envelopes may be issued, as in several cases there was hardly any in stock, as the week was nearly over. In spite of the fact that we were told more could be got at any time, we think it likely that a patient asking for it might be told to wait till the day for reissue.

We found the patients very contented and free from complaints. We endeavoured to give everyone an opportunity of speaking to us, and a very large number availed themselves of it. We also gave private interviews to 6 patients who desired it.

We think it very desirable that all medicine cupboards should have a separate compartment, with lock and key for poisons, so that all dangerous drugs may be kept under double lock.

The changes which have taken place since the last visit by two of our colleagues have left on the books the names of 1,076 patients, but at the time of our visit 4 female patients were out on trial, leaving in residence 482 males and 590 females, a total of 1,072. Thirteen patients have been transferred to other care, 59 discharged (44 upon recovery), and 77 have died.

There are 44 private patients, of whom 6 are females, 22 "Service" and 8 "ex-Service." Out-county patients number 243, the majority of these being from Birmingham (150) and East Ham (49).

Parole beyond the estate is granted to 6 men, and within the boundaries to 32 men and 7 women. We had some conversation with the medical superintendent as to whether the limited parole might not safely be granted to a larger number of patients, and we have no doubt he will give the matter his attention. We made some inquiries as to the entertainments for the benefit of the patients, and found that careful attention is paid to this matter, but suggest that perhaps something more might with advantage be done in the summer months when the entertainments seem to be confined to cricket matches.

There is now accommodation in the hospital for 24 male and 75 female patients by day, the available night space being considerably more.

The weekly maintenance charge per head is 19s. 10d. for home and 25s. 1d. for private patients.

Amongst other important improvements completed is the new carding machine and shed.

We saw yesterday a well-served meat pie dinner, the plentiful helpings of which were evidently enjoyed by the patients.

There have been 12 cases of fractures of bones and 1 of dislocation; 4 of these injuries took place in altercations, the rest being the result of simple accidents.

There has been one instance of suicide, the act taking place while the patient was absent from the hospital upon trial. Apart from this case, the 43 male and 34 female deaths were all from natural causes, which were verified by post-mortem examination in 65 per cent.—a creditable proportion, but one which we should like to see increased.

When visiting the viewing room we discussed the possibility of making the place a little more like a mortuary chapel by the addition, perhaps, of some curtains and a small altar-like table. The present bare white-washed walls do not seem to us to be quite suitable, and we know that by a little thought and without any great expense the place could be made more suitable as one in which friends may take their leave of deceased patients.

The death rate during 1927 was 7.1 per cent. of the average number resident. Though this is slightly less than the average of all mental hospitals, that on the male side was nearly twice that for the women; the reason for this fact, in view of the small incidence here of general paralysis, may be worth further consideration by the medical staff.

In the case of 3 women and 6 men tuberculosis was the cause of death, that is, in 11.6 per cent. of the deaths; and the number of ascertained

cases is at present 3 on the male and 2 on the female side. Otherwise there seems to have been a freedom from all infective diseases.

We saw 23 men and 31 women in bed, that is, 5 per cent. of the total in residence; their nursing was, we thought, creditable to all concerned.

The new verandah at male 10 is an excellent one, and it is pleasing to hear that further similar facilities are contemplated at male 1 ward.

We made suggestions as to how difficulties encountered in fitting up continuous baths may be met.

We should much like to see an increase in the number of clinical rooms and an introduction of the system of keeping the clinical records of each case in the ward in which the corresponding patient is.

We were very glad to see a laboratory has been fitted up for use.

Worcestershire Mental Hospital.—Barnsley Hall.

March 23rd, 1928.

I have to-day completed the annual inspection on behalf of our Board of this hospital and am glad to be able to report that I have found it in a very satisfactory condition.

Since the last visit by two of my colleagues in May, 1927, 122 patients have been admitted, 10 have been transferred to other care, 37 have been discharged (28 upon recovery), and 37 have died. Thirty-two patients were allowed out on trial to test their fitness for discharge, but in only one case was a monetary allowance granted. I see that attention was drawn to this point by my colleagues last year, and I hope that that useful section of the Lunacy Act which permits allowances to be granted in certain cases will not be lost sight of and allowed to become a dead letter.

There are now upon the statutory books the names of 327 male and 408 female patients, but 3 men and 4 women were out on trial at the time of my visit, leaving in residence 728. All these patients, I believe, I have seen to-day and have given all an opportunity of talking to me.

There are 61 male and 92 female private patients, 16 of the former being "Service" patients. Out-county patients number 113, of whom 101 are contract cases from Birmingham. Twenty-seven men have parole within the limits of the estate and 14 women have parole of the building. Four wards on the male and two on the female side are administered on the open-door principle.

The hospital is overcrowded to the extent of 35 on the male and 62 on the female side, and in one ward, D 1, 16 patients have to sleep on mattresses on the floor of the day room.

The weekly maintenance charge per head for home patients is 22s. 9d., that for private patients being 35s. The average weekly maintenance cost for the year as last ascertained was 22s. 6 $\frac{3}{4}$ d.

I found the wards and dormitories to-day clean, well ventilated and comfortably warmed. The day rooms were well supplied with flowers, and there seemed to be a good supply of magazines and picture papers. There seems to be taken great care over the patients' clothing, every female patient has a shawl and an overcoat, and the supply of overcoats on the male side appeared to be sufficient. I confess that I did not like the head-dress which is supplied to the female patients for every day use, and think that something less masculine might with advantage be substituted.

All patients are weighed constantly for the first month and thereafter once a month until they are discharged.

The patients themselves were clean and for the most part very contented. The day was wet, and consequently I saw all the patients in the wards, and, though one or two were a little noisy, they were on the whole very orderly.

I saw 10 patients in the kitchen, 24 in the laundry, and 16 in the work-room. I talked to a great number of patients and had only one complaint

of any substance; that was from a male patient who drew attention to the state of his underclothing. After undressing to show me, I was inclined to think that there were some grounds for his complaint, and I am sure that attention will be paid to the matter.

I was much struck at the very nice terms on which most of the patients and staff were on, and I received many expressions of gratitude from patients for kindnesses received from the medical and nursing staff.

The health of the hospital has been good, and during the time under review there has been no infective disorder except one case of influenza. It is very satisfactory to note that there has been no dysentery or diarrhoea here for some years, and that there are now no active cases of tuberculosis, though 4 female patients have had it and are still on caution cards.

Of the 37 deaths, verified by post-mortem examination in the satisfactory number of 33 cases, pneumonia accounted for 13, heart disease for 5, and bronchitis for 4. There were three accidental deaths which were the subjects of inquests, two of them being fractures due to falls, followed by pneumonia, and the third hæmorrhage, following a fracture of the cranium due to a fall, but how the fall occurred is not known. In each case a verdict of accidental death was returned.

Four serious but non-fatal casualties have occurred involving fractures in 3 cases (one during a struggle between a very violent patient and two nurses), and the fourth case one of self-mutilation by a male patient.

I found the fabric of the hospital well maintained, though in some wards some redecoration has become necessary, as it has also in many of the side rooms.

Seven male and 9 female nurses hold charge rank, and there are 34 male and 39 female nurses for day and 6 of the former and 8 of the latter sex for night duty.

Twenty-one men and 17 women are certificated or registered as mental nurses, whilst 12 and 7 respectively have passed the preliminary examination.

Dr. Hughes still has to assist him Drs. Firth and Dunlop, and Mr. Douglas Lawrie, dental surgeon, visits regularly at the hospital.

Yorkshire (East Riding) Mental Hospital.

July 19th, 1928.

The impression which my visit to this hospital has made upon me is that the patients are contented with their lot and that all that can be is done by the staff to make them as comfortable and as happy as the circumstances of their detention permit. Except from one patient (a very deluded woman) I received nothing having any semblance to a complaint as to treatment or surroundings, and, in the excepted instance, I fully satisfied myself that her allegation of rough handling was entirely without foundation.

The wards are well kept, there is an ample supply of books, and I was pleased to note that attention is being given—and successfully—to the style and material of the women's dress. Where arrangements can be made patients are allowed to wear their own clothes.

Two of the wards have been nicely decorated and hung with attractive coloured pictures, and I am glad to hear that similar pictures are to be hung throughout the building and that where considered necessary redecoration is to be taken in hand.

The dietary scale has been modified in some degree with a view to relieving the monotony of a daily fixed régime, an increase has been made in the supply of the green vegetables, and I understand that the general scale of diet is still receiving consideration. It is proposed to lay out and plant an orchard with a view to giving further facilities in the supply of fruit, and an expert has been consulted in the matter.

A new water-softening plant is to be laid down and a cinematograph will shortly be installed, and I feel satisfied that this form of amusement will in this (as it has in similar institutions) prove to be a great attraction to the patients and be much appreciated.

For the moment the supply of a fish fryer has been postponed, but plans are now under consideration in regard to the conversion of the isolation hospital into a nurses' home.

The proposal to have on the male side a similar reception ward to that in the women's quarters has not been effected—there are certain difficulties which need further consideration—but it is very satisfactory to note that there is on the female side a fully equipped clinical room, and that a similar room is in process of being fitted on the male side.

When the present hair carding shop has been removed—as I understand it will be—it may be found possible to add to this hospital a small laboratory. Such an addition would, I feel satisfied, prove most useful, especially if the medical staff were increased.

Since November 10th of last year there have been 83 admissions, and of the 24 patients who have been discharged 20 had recovered. I am glad to note that the practice of trial is freely used and to learn that the question of making a money allowance is considered in each case.

The general health is and has been good—there are but 3 instances of tuberculosis returned, and no one is now suffering from this disease in active form. In the first four months of this year there were a few cases of influenza, but there has been no other epidemic or zymotic disease since the last visit. Amongst the 24 males and 64 women whom I saw in bed, and who were receiving due care and nursing—several of them being in the open air by day and night—there was little, if any, acute physical illness, and this form of treatment was mainly due to mental conditions.

The deaths during the period under review numbered 37—males 16, females 21—all due to natural causes, and no inquests were held.

General paralysis and epilepsy was each the cause of death in two instances, heart disease proved fatal in 10 cases, kidney disease in 4, and senile decay in a like number.

There were 3 serious non-fatal casualties, none of which call for comment.

There are on the books 249 males and 310 females—in all 559; 9 are on trial (men 2, females 7), leaving in residence 247 men and 303 women, a total of 550.

Full parole is allowed to 28 men and 7 women, and 10 men have a more limited freedom within the estate. One male ward is administered on the open-door principle.

According to the figures returned to me, there are vacancies by night for 51 men and 17 women.

The maintenance rate is 20s. 5d. for home patients, and for those classed as private, of whom there are 37, including 10 "Service" patients, 24s. 6d. to 52s. 6d.

There has been no mechanical restraint.

The staff consists of:—

Charge male nurses -	-	7	Charge female nurses -	-	6
Ordinary -	-	24	Ordinary -	-	28

for day, and 6 of each sex for night duty.

Those certificated or registered as mental nurses number 23 males and 6 females.

Dr. Davie, who is evidently greatly interested in his work, has the assistance of Dr. Edward P. Harding.

Yorkshire (North Riding) Mental Hospital.

July 19th, 1928.

I have to-day visited this mental hospital on behalf of my Board, and in the company of the medical superintendent, Dr. Russell, inspected all parts of the institution and the farm at Rawcliffe, and to the best of my belief have seen all the patients in residence to-day.

I found the hospital generally in excellent order; the buildings well maintained; the day rooms pleasantly decorated, tidy and comfortable, and the dormitories particularly clean and neat.

Since the hospital was last visited by one of my colleagues in the early part of last year much decoration has been carried out, and I was interested and pleased to hear that a great deal of this has been done by the patients and indoor staff.

Among the alterations and improvements since last visit should be mentioned the conversion of four rooms into ward sculleries; improved and new heating plant in the chapel and the Roman Catholic chapel; in wards F 1 and M 1, and the room devoted to occupational therapy. A new oven has been installed in the kitchen and a second new oven is in process of construction. The former isolation hospital has been adapted for the accommodation of female patients of quiet and convalescent character, and is now in use. The erection of the new house for the medical superintendent is proceeding and is likely to be ready for his occupation towards the end of the year.

In addition, a large number of minor alterations and improvements have been made, all tending towards the increased efficiency of the hospital and the well-being and comfort of the patients.

I have been especially impressed by the fact that the wards for the noisier and so-called refractory patients are as pleasantly furnished and decorated with pictures and flowers as the other wards, and also by the beauty of the gardens, which again are tended and largely planted by the patients and staff of the wards to which the gardens and airing courts are attached.

I found the patients entirely free from complaint, except on the ground of their detention in some of the numerous cases with whom I conversed, and in none of these latter was the patient at all fit for discharge.

Since last visit 92 male and 142 female patients have been admitted, 4 male and 5 female patients have been transferred to other care, and 43 male and 58 female patients have been discharged, of whom 40 males and 56 females had recovered. During the same period 57 male and 53 female patients have died; these changes leave on the books the names of 344 male and 482 female patients, or 826 in all, and all in residence to-day. Of these 826 patients, 50, equally divided as to sex, are private patients, 14 of the males being "Service" patients and one an "ex-Service" patient.

No less than 34 of the male and 5 of the female patients are usually allowed parole beyond the estate, and 50 males and 12 females within but not beyond the estate. Also three of the wards on the male side and three on the female side are administered upon the open-door principle. The considerable degree of freedom, consistent with safety, which the patients enjoy is gratifying and no doubt contributes to the general contentment of the patients and the quietude of the wards and airing courts observable during my tour.

At my visit to-day 68 of the patients, or 8 per cent. of the whole number, were under treatment in bed, all out of doors in the open air in the verandahs and tents in connection with their dormitories, to which latter they are removed each evening.

With the exception of those under treatment in bed, I found the patients generally in good health and well nourished.

Since last visit, apart from influenza which visited the hospital in February of this year and attacked 23 female patients, and the occurrence

of a certain number of cases of enteric fever and of dysentery, the general health has been good, as is evidenced by the low death rate of 7·4 per cent. for the year ended December 31st, 1927. Since last visit 57 male and 53 female patients have died, or 110 in all, the principal causes of death being confirmed by post-mortem examinations in 85 cases. In no case did bed sores exist at death.

The principal causes of death were senile decay (including arteriosclerosis) in 26, heart disease in 27, tuberculosis in 10, general paralysis in 9, and kidney disease in 7. With the exception of 2 deaths from enteric fever and 4 from dysentery, none of the remaining deaths call for special mention. All deaths were from natural causes.

The recurrence of cases of enteric fever and of dysentery has engaged the closest attention of Dr. Russell and his assistants, and ever since the laboratory was opened in August, 1925, the strict observation of known "carriers" and a vigorous search for others have been in operation. In all, 10 "carriers" of enteric fever and 3 "carriers" of dysentery have been detected as the result of the laborious researches carried out, involving the special examination of every patient and most of the staff of the hospital, and bacteriological examinations, many thousands in number, in the laboratory; and after my visit to the pathological department to-day I take this opportunity of placing on record my appreciation both of the admirable work which has been accomplished and of the great amount of painstaking and time spent in these researches. The last case of enteric fever occurred in September, 1927.

During the period under review 5 inquests were held, in every case the verdict being in accordance with the medical evidence, the patient dying from natural causes.

The average weekly maintenance cost per patient for the year was 23s. 6½d., the rate for home patients being 23s. 4d., as compared with 24s. 6d. for the preceding year.

It is worthy of mention that only one patient has been secluded since last visit and on one occasion, and one male patient mechanically restrained for half an hour to prevent him injuring himself. There have been 6 serious but non-fatal casualties due to accidental falls or blows from fellow-patients during the seventeen months under review.

The present staff of nurses consists of 11 male and 11 female nurses of charge rank; 46 male and 51 female ordinary nurses, and 10 male and 10 female nurses on night duty. Twenty-six nurses of either sex are certificated or registered as mental nurses and 9 male and 12 female nurses have passed the preliminary examination.

Dr. Russell has the assistance of Dr. Wm. Fraser and Dr. O'Riordan, Dr. Gilfillan, his former deputy, having terminated his appointment owing to a long and serious illness.

I am well satisfied that the patients here are in receipt of every proper care and attention, and kindly and skilfully treated and well nursed.

Yorkshire (West Riding) Mental Hospitals.—1. Wakefield.

July 18th, 1928.

During our visit to this mental hospital, in course of which we have been through all the wards and departments connected with the institution, the weather was so favourable that we found the patients, with few exceptions, out of doors in the gardens or at work on the grounds. They appeared to us to be receiving tactful supervision, and from none of them did we receive anything in the nature of a complaint in reference to their treatment by the staff, with whom, indeed, so far as we could judge, they seemed to be on very good terms. There were, as might be expected, some requests for discharge, but they were few in number, and in no instance do we think there is any cause for action.

The institution is, speaking generally, well ordered, and evident attention is given to the welfare and comfort of the inmates.

Improvements have been effected in regard to the sanitary and bathing arrangements on the female side; further improvements are in contemplation and, when this side of the hospital has been dealt with, we understand that the male side will be dealt with in a similar manner. In a hospital where history goes back so far there is naturally much to be done to bring it into line with modern views, both as to sanitation and accommodation, but, knowing as we do Dr. Bolton's views in these matters and having in mind what has already been done, we doubt not that the Committee will do their utmost to support him in his endeavours to modernise so far as it is possible this large and important hospital.

The laundry is in course of reconstruction, where new machinery has been installed, and without going into details we can say that a considerable amount of important work has been effected, since the last visit from members of our Board, throughout the institution.

Stanley Hall is now in full occupation, but the water supply, it is realised, is wholly inadequate and must receive immediate attention.

There are two matters to which we must especially refer as also requiring attention and without delay.

(a) Second fire exits must be provided to the dormitories in the male (isolation) hospital, where 42 boys of low grade are warded.

(b) There are two top dormitories (known as 7 and 13) where some 20 patients sleep; in the event of fire the conditions would be so serious—there being no emergency exits—that in our opinion they should cease to be occupied unless and until some satisfactory means are devised for rendering them safe. They really are in the nature of traps.

The recommendations made in the last report have received attention and been dealt with, except in reference to the alteration of the position of the fire screen doors on the 1st floors of East and West cottages. There appears to have been some misunderstanding, but after our discussion and explanation yesterday we doubt not that this will receive active attention.

Since February 21st of last year there have been 586 admissions and, consequent on the changes which have taken place, including the discharge of 128 patients on recovery, there are on the books 1,148 males and 1,211 females—in all 2,359. Three patients are on trial (women), leaving in residence 2,356 patients. As many as 86 patients have been dealt with under s. 79 of the Lunacy Act, and to 49 of the 50 patients who have been allowed on trial money allowances have been made.

Those classed as private number 122, of whom 104 are "Service" patients, and the out-county patients 58, of whom 51 are received under contract from Napsbury Mental Hospital.

Parole is granted to 41 men and one woman beyond the estate and to 169 men and 537 women within.

According to the returns, there is a deficiency of day space to the extent of 7 males and 52 females, but in the night space there are vacancies for 121 men and 13 women.

We must not omit to say that we were much pleased with our visit to Hatfield Hall, where 45 patients—including 20 boys—are residing under very pleasant and favourable conditions.

There has been no seclusion or mechanical restraint.

The staff consists of:—

Charge male nurses	-	-	24	Charge female nurses-	-	60
Ordinary	-	-	140	Ordinary	-	208

for day, and 25 and 36 respectively for night duty.

Those certificated or registered as mental nurses number 92 men and 39 women.

The good general health of the patients during the period under review is reflected by the satisfactory low death rate for last year, viz., 8.8 per

cent., or 9·6 per cent. for male and 8 per cent. for female patients; and also by the low death rate from tuberculosis in the hospital, viz., 3·9 per 1,000 of population, as compared with the mean rate for all mental hospitals of 6·6 per 1,000. Since our colleagues' last visit, 150 male and 121 female patients have died, all with the exception of 3 from natural causes. Six inquests have been held during the last 15 months, and in 3 of these the verdicts confirmed the medical evidence as to death from natural causes; in one the verdict was that of misadventure, the patient dying during operation from disease of the heart and blood vessels; in one from the effects of a corrosive fluid self-administered before admission, and in one from pneumonia following injuries of unknown origin in circumstances fully communicated to our Board at the time.

The causes of death among the whole number were verified by post-mortem examination in 246 or the satisfactorily high proportion of 90 per cent. The principal causes of death were as follows: general paralysis in 55, epilepsy 10 and organic brain disease in 4, pneumonia in 43, heart disease in 32 and tuberculosis in 13.

There were 22 deaths from kidney disease and no less than 60 from senile decay; of the remaining deaths the only noteworthy features were 3 deaths from enteric fever and 8 from cancer.

Dysentery, which broke out sharply in the latter months of 1926 and occurred sporadically during 1927, appears to have yielded to the measures—founded on routine clinico-bacteriological investigation—adopted at the hospital, and there have been no fresh cases since January of this year. In all there have been only 6 cases of this disease since our colleagues' last visit.

During the same period 7 cases of enteric fever occurred in the female chronic block, all detected by bacteriological examination of the blood. Two "carriers" were discovered and no fresh case has occurred since January 2nd this year.

The hospital has been entirely free from influenza, and to-day there are only 3 cases under treatment for active tuberculosis in the whole institution. Of serious but non-fatal casualties there have been eleven on the male and eight on the female side, due in the great majority of cases to accidental falls, though in a few to struggles with fellow-patients.

We saw 170 patients under treatment in bed, practically all of them in the marquees erected in the open air and occupied during the day-time to the great benefit of the patients. We are thoroughly satisfied that the treatment of the sick is of a high order, checked and guided by the results of examinations carried out in the pathological department.

We cannot close this report without offering to Dr. Shaw Bolton our congratulations upon his election by the Royal Medico-Psychological Association as their President for the ensuing year. He follows in this office persons of eminence and distinction; we doubt not he will worthily fill it. We trust this honour is to him a source of gratification, and that his year of office may prove a distinctive one in the work and history of the Association.

Yorkshire (West Riding) Mental Hospitals.—2. Wadsley.

February 3rd, 1928.

The patients appeared to be receiving suitable care and to be well supervised by the nursing staff, with whom those inmates who were sufficiently intelligent to appreciate their circumstances, were evidently upon good terms. The wards are well kept, but it is noticeable that though some decorations have been carried out there are many of them which require attention, and no doubt reparation and repainting will proceed as quickly as conditions permit, and that the colours used will be bright and attractive we would suggest.

Dr. Vincent is doing all he can with the accommodation at his disposal to administer this hospital as far as possible on those lines which are best approved in regard to the classification of his patients. He evidently takes the liveliest interest in all that pertains to the well-being of his patients and is ably assisted by his medical staff, who are devoted to their work and take every opportunity as far as circumstances allow to apply modern methods of treatment. They have an excellent knowledge of the cases under their care, but it is recognised that this hospital was built at a time when such matters were not so critically and carefully considered as is the case in modern institutions, and that there is a lack here of means and facilities for the treatment and classification, especially of new, recoverable and convalescent cases, which are outstanding features in hospitals of later construction.

We hope that before long such a criticism will not be possible, and considering what is already in hand and what is contemplated in the near future, for the purpose of improving and ameliorating these conditions, we have every reason to believe the Committee are really taking this matter seriously in hand with a view to placing this hospital in a really effective position for the treatment of mental disorder upon the most enlightened methods.

As evidence of this desire on the part of the Committee we would mention the following improvements, either taken in hand already or which will be dealt with ere long:—

Plans have been approved for the erection of verandahs for open-air treatment in female wards 17 and 14 (a start has been made with the latter) and in male ward 12, and for a bridge solarium dormitory in male ward 2.

The old needle room is to be extended and converted into a treatment centre for X-ray, violet ray and dental purposes, an upstairs room taking its place as a women's sewing room. We know that the electrification of the building is under consideration, and that from want of power electricity is only installed at present in the laundry, operating theatre and workshops, but we hope means may be found for obtaining the necessary power for this department, so that there may be no delay in commencing to make use of these facilities; it should also be extended to the post-mortem room.

A sanatorium for male and female tubercular and dysentery cases is also to be erected, and, possibly most important of all, preliminary plans are under consideration for the building of an admission hospital with two convalescent villas.

An additional medical officer has been appointed and a new medical officer's house is almost fit for occupation. Minor additions which have been effected are: an increased supply of letter boxes in the wards; a canteen for use of the patients, which appears to be doing well; the affixing of labels in some wards denoting the superficial area; the supply of a clothes press in the laundry; open book shelves in the wards; and some female patients are now engaged in helping to look after the poultry farm.

Before leaving this part of our report we would once more draw attention to the necessity for the heating and lighting of single rooms.

Since February 9th, 1927, there have been 460 admissions, 209 have been discharged (of whom 105 have recovered), and as a result of other changes there are 867 males and 1,015 females on the books—in all 1,882—of whom 70, including 51 "Service," are classed as private.

Twenty Birmingham patients are here under contract. Those on trial number 27, so that there were 847 males and 1,008 female patients in residence when we commenced our visit yesterday, but 2 male patients died in the course of the day. One patient of each sex was out and not seen by us. Parole beyond the estate is granted to 29 men and 3 women, and 21 men have a similar privilege within the grounds. According to the

figures supplied, there is day accommodation for 29 more men, but an excess on the women's side of 62.

Since the last visit the isolation hospital has been applied to the purpose of accommodating 7 more or less imbecile boys, who are, as are the girls in the children's ward, very well attended and nursed. Fourteen male patients now sleep in what until two years ago was a residence for one of the medical staff. We would draw attention to the fact that in this building there is no second means for exit in case of fire, and that this must receive immediate attention. The maintenance rate for home patients is 23s. 11d. and for private patients 28s.

There has been no mechanical restraint.

The staff is as follows:—

Charge male nurses -	-	35	Charge female nurses -	-	40
Ordinary -	-	92	Ordinary -	-	99

for day, and 16 and 17 respectively for night duty.

Those certificated or registered as mental nurses number 53 male and 22 female nurses.

The general health appears to have been good during the period under review. There have been 5 cases of enteric fever, 3 of which have terminated fatally, one case of dysentery and one case of diphtheria, otherwise, apart from influenza, which during the early part of the year attacked 21 patients, mostly on the female side, there has been no epidemic disease.

At our visit 16 male and 17 female patients were suffering from tuberculosis.

The mortality rate for the year ended December 31st last was 9·9 per cent., or 10·2 per cent. for males and 9·7 per cent. for the females.

During the twelve months which have elapsed since our colleague's visit 180, or 80 male and 100 female, patients have died, all with two exceptions from natural causes; the two excepted cases committed suicide whilst absent on trial.

As to the 178 who died in the hospital, cardio-vascular degeneration was the prime cause in 48, a high number following naturally from the considerable proportion of patients of advanced age admitted to and treated in the hospital. Pneumonia and kidney disease occasioned each 26 deaths and in 13 death was due to tuberculosis. General paralysis accounted for 14, 7 of each sex, and organic brain disease for 8 more. As mentioned above, 2 female and one male patient died from enteric fever, one from dysentery and one from erysipelas of the face. None of the remaining deaths call for special mention. Of serious but non-fatal casualties there were 10, 5 on the male side and 5 on the female division, all to to accidental falls, or in two cases to falls during struggles with other patients. No inquest has been held since the hospital was last visited.

A large amount of pathological work is carried out in the laboratory, and it was especially gratifying to note how closely the clinical work in the wards for the sick is correlated, verified and guided by pathological investigations in each case. In addition we were interested to hear of special researches which are at present being prosecuted by the pathologist, Dr. Thorpe.

We would again, however, invite the attention of the Committee to the need for a modern post-mortem room of adequate size. The present one is much too small, furnished with and capable of containing only one table and badly lighted.

We were glad to hear that a few weeks ago advantage was taken of the clinic conducted by Dr. Mould at the Royal Hospital, and that now two of Dr. Vincent's medical staff collaborate with Dr. Mould one afternoon each week, and also that a similar arrangement has been made at the Royal Infirmary, where other two members of Dr. Vincent's staff work with Dr. Yates, of Sheffield, also one afternoon a week.

Yorkshire (West Riding) Mental Hospitals.—3. Menston.

January 31st, 1928.

The Committee responded promptly to the suggestions made by the Commissioners in their report after visiting this hospital in February of last year, and action has either been taken, or soon will, to give practical effect to them.

We record with satisfaction that an additional medical officer has been appointed who, under Dr. Russell, is devoting a portion of his time to pathological work, and provision is under consideration for the erection of residences as medical officers' married quarters. Plans have been passed for a verandah at M ward 12 (detached block), as well as for the erection of a treatment centre, with operating room, X-ray, light treatment and dental room, the construction of which has already been taken in hand. We doubt not that this addition to the equipment of the hospital will prove most serviceable and useful.

The receiving room at the mortuary has been completed, and we were entirely satisfied with the arrangements that have been made.

Screens have been placed in some of the bathrooms.

We are assured that all possible use is made of the verandahs for open-air treatment. A draw-plate has been installed in the bakehouse, a new washing machine in the laundry, lavatory basins have been placed at the home farm buildings, and the scheme for the electrification of the whole institution is still under consideration, when the lighting of the single rooms will not be lost sight of.

We would again draw attention to the necessity for further provision being made at the farm residence for a better means of escape in case of fire. Should a fire occur on the ground floor and the corridor upstairs become filled with smoke, great difficulty would be found in getting the patients out of danger.

We thought that male wards 3 and 4, where unruly patients are in residence, might with good effect on the inmates be rendered more attractive, and that a supply of nail brushes in the lavatories would be found useful.

With these comments only, we can say that the hospital is throughout in admirable order and the patients appeared to us to be receiving due care and supervision.

The percentage of patients who are usually employed is high, the workshops engage a fair number, over 100 men work on the farms and gardens, and in addition to work in the sewing room, where a number of women are employed, a considerable amount of sewing, knitting and other similar work is carried out in the wards.

Parole is allowed beyond the grounds to 24 men and to 52 within the grounds, and in this connection Dr. Edgerley has pointed out to us that there is a public right of way through the estate, which is extensive, and that there is in his view no necessity for extending this privilege. To no women is this allowed, but the matter is left entirely in the discretion of the medical superintendent, and we doubt not he will, and does, exercise it in what he considers to be the best interest of the patients.

Since February 23rd, 1927, there have been 295 admissions, 154 patients have been discharged (of whom 100 had recovered), 48 have been dealt with under s. 79 of the Lunacy Act, and 106 have been allowed on trial, to 32 of whom money allowances were made. We hope this question is always carefully considered, as financial assistance at such a time may be most helpful.

There were when we commenced our visit yesterday morning 851 males and 900 females on the books, 3 men and 5 women were on trial, but one man died in the course of our visit, and we have only seen 847 men and 895 women—in all 1,742.

There are 113 "Service" patients out of 184 classed as private. According to the figures supplied to us, there are vacancies by day for 27 men and 5 women. The maintenance rate for home patients is 23s. 11d. and for private patients 28s.

The diet scale appears to be good, and the many patients whom we have seen at dinner seemed well satisfied with the provision made for them.

There has been no mechanical restraint or seclusion.

The staff consists of:—

Charge male nurses	-	-	27	Charge female nurses-	-	28
Ordinary	-	-	113	Ordinary	-	95

for day, and 14 of each for night duty.

Those who are certificated as mental nurses number 46 men and 24 women.

The mortality rate for the year ended December 31st, 1927, was 11·32 per cent., calculated on the average number daily resident, 12·64 per cent. among the males and 10·09 per cent. among the female patients. During the 11 months that have elapsed since the hospital was last visited 97 male and 83 female patients, or 180 in all, have died, all with two exceptions from natural causes. One of these was a male patient who eluded the vigilance of the staff and succeeded in drowning himself in a bath, and the other, also a male patient, died from rupture of the kidney due to an accidental fall. Including these two cases, inquests were held in 7 cases, in 5 of which death was due to natural causes.

Of the total deaths, the principal causes were: general paralysis 29, heart disease 27, senile decay and arterial sclerosis 33, pneumonia 20, influenza 13 and tuberculosis 8. There was one death from enteric fever. None of the remaining causes of death call for particular mention. General paralysis has accounted for 16 per cent. of the total deaths and over 21 per cent. of the male deaths.

We are pleased to hear, therefore, that as soon as arrangements permit a trial will be given to the treatment of this disease by induced malaria, which elsewhere is giving remarkable results in many cases. Indeed, we can see no reason why this form of treatment should not be adopted at once without awaiting the erection of the treatment centre.

The general health appears to have been good throughout the period under review except for influenza, which attacked 29 male and 65 female patients; 3 cases of enteric fever and a like number of cases of dysentery. In the first quarter of the year the hospital has been free from epidemic disease. Only 8 patients—5 males and 3 females—are now under treatment for tuberculosis.

Up to the present the only regular appointed visiting specialist is the dental surgeon, who attends weekly and sees patients brought to his notice by the resident staff; special attention is, we hope, given to all new admissions.

We understand that consultant surgeons and physicians are called in as need arises, but we feel we should refer to the great advantages which follow the appointment of a consulting staff, especially in diseases of the eye, diseases of the ear, nose and throat, and in general medicine and general surgery. Such an arrangement, particularly where, as in this case, the hospital is within easy reach of so important a teaching centre as Leeds University, at once establishes a liaison between the hospital and the centre, fraught with the greatest benefits to all concerned, patients and staff alike.

There have been only 6 non-fatal casualties, all due to accidental falls.

Dr. Edgerley is assisted by Dr. Walker, the deputy medical superintendent, and four other medical officers, the many evidences of whose commendable zeal we were glad to notice.

Yorkshire (West Riding) Mental Hospitals.—4. Scalebor Park.

April 26th, 1928.

Since the last visit of one of my colleagues on June 9th last year 79 patients, i.e., 29 males and 50 females, have been admitted; 7 male patients and 11 female patients have been transferred to other care; and 12 male and 32 female patients have been discharged, of whom 6 male and 22 female patients had recovered. During the same period 9 male and 6 female patients have died. These changes leave on the books the names of 106 male and 143 female patients, or 249 in all, of whom 102 male and 134 female patients were in residence at my visit to-day. The remaining 13 patients, i.e., 4 males and 9 females, are out on trial.

In the company of Dr. Gilmour, and on the male division also with Dr. Law, I visited every part of the hospital, including the detached house named "The Highlands," and found the buildings well maintained, the wards, day rooms and dormitories in excellent order, pleasantly furnished and decorated throughout, comfortable and clean. The suggestions made by my colleague at his visit last year with regard to more flowers and plants on the male side, redecoration in male block 1, letter boxes in day rooms, and notices respecting correspondence, have all been put into effect. I was much impressed by the general quietude of the wards and the contentment of the patients, and though I spoke to each of the whole number of patients in residence, I received no complaints of any kind except in a few cases a desire for discharge to freedom by patients at present unfit for discharge and, from two or three, complaints of persecution of an obviously delusional nature.

On the female side 20 patients were under treatment in bed, mainly on account of physical disorder or disease, and on the male side 10 for the same reason, and I was well satisfied that the patients were being skilfully treated and well nursed. I saw the dinner, which consisted of beef steak pie, potatoes and turnips boiled, followed by rice pudding made with milk, custard and stewed fruit, which on tasting I found well cooked and very palatable. I was pleased to learn that a second vegetable is provided every day and salads when in season, and also that the issue of milk per patient is on a generous scale.

The general health has been good throughout the period now under review, and with the exception of one male patient who suffered from pulmonary tuberculosis the hospital has been entirely free from disease of an epidemic or zymotic character. It is gratifying to learn that for 15 years there has been no case of dysentery within this hospital.

The mortality rate for the year ended December 31st last was 12 per cent. (males 21 per cent., females 6 per cent.), calculated on the average number daily resident, the comparatively high male death rate being due to the death of an unusually high proportion of male patients of advanced age.

Since last visit 9 male and 6 female patients have died, all from natural causes. An inquest was held in one case, that of a male patient who died from anæmia, the verdict being in accordance with the medical evidence. No patient has been mechanically restrained or secluded.

A large degree of freedom is permitted and 19 male and 22 female patients enjoy parole beyond the estate and 69 male and 86 female patients within but not beyond the estate, which is extensive.

The weekly maintenance charge remains unchanged and varies from 42s. to 63s. and upwards.

No serious casualty of any kind has occurred.

The nursing staff consists of 6 male and 5 female nurses of charge rank, 26 male and 28 female ordinary nurses, and 6 male and 12 female nurses for night duty.

Of the total nursing staff 26 male and 8 female nurses are certificated or registered as mental nurses, and in addition 4 male and 9 female nurses have passed their preliminary examination.

I was much interested on hearing that frequent advantage is taken by outside medical men of obtaining from the hospital an expert opinion when occasion arises, and I venture to express the hope that further developments in this direction may occur by the establishment of an out-patient clinic. I have further discussed with Dr. Gilmour the advisability of securing the examination by a dentist of the mouth of every newly admitted patient.

Yorkshire (West Riding) Mental Hospitals.—5. Storthes Hall.

February 2nd, 1928.

It is always satisfactory when a progressive spirit in administration and an increase in the equipment of hospital facilities for the treatment of the patients can be recorded. In this connection the Committee have, we think, very wisely decided to place at Dr. Ewing's disposal further advantages, and steps have now been taken in regard to the provision of a treatment centre with operating theatre, X-ray, and dental rooms. We hope, when a dental room has been provided, that the services of a visiting dental surgeon will be secured, whose attention can be given to all new admissions and generally to the needs of the other patients. New verandahs are also being added to M 15 and F 7 and 15 wards, in addition to lavatory conveniences at M and F 15. A trained laboratory assistant has also been added to the staff, and the laboratory is being further equipped and fitted up. All these additions cannot but greatly increase the hospital amenities and tend not only to make it a hospital for the treatment of mental disease in name but in reality. We visited the mortuary and were indeed pleased with the viewing room, which has been arranged with so much taste and a due regard for the convenience and feelings of those who desire to pay respect to their relatives who have died in the hospital.

Night-gowns are gradually being supplied throughout the hospital, more pictures have been hung in the wards, illustrated periodicals for use in the wards (and we suggest especially in those where the more unruly and also the more mentally affected patients are housed) are being collected and bound in the book-binding shop, a fuller use is being made of the powers under s. 55 of the Lunacy Act in regard to patients on trial, and, although apparently only 30 male patients are granted parole, we understand from Dr. Ewing that he intends to increase the number, as occasion offers, to such of the inmates as he considers can be trusted not to abuse the privilege.

The notices in regard to patients' correspondence have not been dealt with, but are shortly to be taken in hand, and we hope at the same time letter boxes will be placed in every ward.

The clothing of the patients receives attention, and we hope the provision of variety in colour for the women's dresses will not be lost sight of, as it tends to remove the institutional appearance, as well as to brighten the atmosphere of the women's wards.

In the laundry, the suggestions as to the cleansing of the foul linen bins have been adopted. The attendants' temporary residence has now been adapted for the reception of parole and working patients. It has 27 beds and will give some relief in this respect to the hospital's accommodation. The actual accommodation evidently requires reconsideration and remeasurement, and when this has been done and the accommodation has been accurately ascertained, we should like the measurements of the day rooms, galleries and dormitories indicated by small labels in appropriate places.

Since June 10th, 1927, there have been 227 admissions, and as a result of the changes which have occurred amongst the patients there are on the statutory books 789 males and 907 females, including 70 classed as private, of whom 43 are "Service."

The out-county patients number 279. There are 7 patients absent on trial and 786 male and 903 female patients in residence. These, we

understand, we have seen, and we found them in admirably ordered wards and in receipt of proper care and supervision. Dr. Ewing, who was with us throughout our visit, is evidently giving very active attention to the hospital's administration, is taking a great interest in the well-being and comfort of those under his care, and may, we think, be congratulated on the result.

The maintenance rate for home patients is 23s. 11d., for contract patients 27s. 5d., and for those of the private class 28s.

There has been no mechanical restraint or seclusion.

The staff consists of:—

Charge male nurses	-	-	31	Charge female nurses-	-	39
Ordinary	-	-	76	Ordinary	-	113

for day, and 13 and 20 respectively for night duty.

Thirty male and 15 female nurses are certificated or registered as mental nurses.

The general health has been very good during the period under review. Influenza, prevalent elsewhere, has not visited the hospital, and the only case of dysentery which has occurred harboured the disease on admission. There have been four cases of enteric fever, equally divided as to sex, in all probability due to the presence of "carriers," remnants from the period when this disease was rife here. Vigorous action has been taken by extensive protective inoculation and other measures, and the search for possible "carriers" is being carried out. There have been 9 cases of erysipelas and at present 5 male and 5 female patients are suffering from tuberculosis. The mortality rate for the year ended December 31st last was 11.70 per cent. (males 11.74 per cent., females 11.66 per cent.). Since last visit 39 male and 60 female patients have died, all from natural causes, verified by post-mortem examination in the satisfactorily high number of 91, or 91 per cent. Heart disease in 39 was the principal cause of death; pneumonia, tuberculosis and senile decay were the attributed causes each in 8 and general paralysis in 6. None of the remaining causes of death calls for particular comment. Inquests have been held in 3 cases, i.e., 2 male and 1 female.

There have been only 6, but non-fatal, casualties—3 on the male and 3 on the female division—and all due to accidental falls or struggles with other patients.

We are well satisfied that the patients are in receipt of proper medical care and attention and are kindly and competently nursed, though in regard to one or two cases in male ward 9, who had been kept in bed for some time for mental reasons, we expressed the hope that they would be found capable of getting up and about.

The complete equipment of the laboratory, which will be an accomplished fact within a few days, will greatly increase the diagnostic and therapeutic resources of the hospital, and if to this were joined the appointment of visiting specialists, or, failing that, a freer use of special services available in the district, a great advance we feel would be made. We hope the Committee will also consider the appointment of another medical officer.

Birmingham City Mental Hospital.—1. Winson Green Division.

October 9th, 1928.

We visited the wards and dormitories of this division of the hospital and saw all the patients yesterday, and in the evening visited Stechford Hall and Glenthorne. We are glad to be able to report that we found the patients very contented and free from complaint; indeed, with one exception, we had no complaints at all except on the subject of detention. The day rooms were well supplied with pictures and objects of interest, and we were pleased to see that there was a capital supply of books in all

the bookshelves. Steps are now being taken to improve the gardens abutting on the new verandahs by laying out paths and flower beds, and when the latter are planted they should add very much to the appearance of the admission wards. In going round the large garden on the male side we felt that something might with advantage be done to improve the appearance of the large corrugated iron shelter which at present rather spoils the general look of the garden. Some of the day rooms and corridors are in need of redecoration, but it was explained to us that the Committee are holding their hand for the present and delaying the work until after the introduction of the electric light, the contract for which, we are very glad to say, is now before our Board for approval. This scheme includes the provision of electrical synchronised clocks, fire alarm points, wiring for wireless installation in all wards, and renewals of pegging clocks and internal telephone system. Further improvements in the engineering plant and heating system are also in contemplation. Some additional equipment has been added to the laundry, including a new calender which, though in position, is not yet in working order. Other notable improvements since the last visit by two of our colleagues are mentioned below.

We noticed that the ground floor windows of the day rooms are blocked and we wondered if some at least of these might not be unblocked without in any way running any undue risk. When visiting the mortuary and viewing room this morning we found that it was in the hands of the painters, and we made one or two suggestions to Dr. Shand, who was with us at the time, which we thought, if adopted, might add to the appearance of the viewing room without costing much money.

The changes which have taken place since the last visit have left on the books the names of 374 males and 388 females—in all 762 patients. The new admissions number 201 and the discharges 141. Of the latter 84 were discharged recovered and 24 were dealt with under s. 79. Sixty-one patients, or 43 per cent. of the total discharges, were allowed out on trial, money allowances being granted under s. 55 in 26 cases and from Holliers Charity in 8 cases. There are 9 male and 11 female private patients and 50 "Service" and 6 "ex-Service" patients. Four patients were out on trial at the time of our visit and one male patient was absent without leave, leaving in residence 757. Of these, 35 women and 60 men are housed respectively at Glenthorne and Stechford Hall, though, as mentioned below, Stechford Hall was one short of its full number in residence. Parole is usually granted to 75 men and 50 women beyond the estate and to 22 men and 7 women within the boundaries. Having in mind these figures as to parole, it occurs to us that it may be possible, by grouping as many as practicable of these patients in one ward on each side, to arrange for that ward being administered as an open-door one. The sense of freedom so obtained is not only greatly appreciated by the patients of the ward in question, but has a good influence throughout the other wards. We know that most of the first floor wards are kept unlocked with respect to the corridors, but this is not quite the fully open-door principle that we have in our mind.

Calculated upon the day space available, this division of the hospital is now overcrowded to the extent of 20 upon the male and 15 upon the female side and, having regard to the fact that there are a considerable number of patients from this city under contract in other institutions, these figures give cause for anxiety; our Board was, therefore, glad to hear from the Clerk to the Visiting Committee that negotiations have been opened with another Committee of the Council with a view to increasing the accommodation for patients, and if these negotiations should prove satisfactory we hope that the question of better accommodation for some of the principal officers will be borne in mind.

The weekly maintenance charge for home patients is 27s. 5d., that for private patients being from 31s. 3d. to 70s.

The nursing staff is as follows:—

	Males.	Females.	Total.
Charge nurses - - - -	10	9	19
Ordinary - - - -	47	39	86
Night - - - -	7	7	14

Forty-nine males and 22 females are certificated or registered as mental nurses.

It is impossible not to realise that the reception wards, by reason of the oldness of their design, fall considerably short of affording means to classify newly admitted patients while undergoing treatment therein. This was very noticeable while we were in No. 8 on the female side. Subject to this criticism, we were highly pleased with the standard of treatment, both medical and nursing, of which the patients in bed were in receipt. These numbered 33 men and 49 women, or just under 10 per cent. of the total in residence. The care, too, taken to ensure a thorough examination of every newly admitted case at the hands both of the resident medical staff and the visiting specialists deserves the highest praise.

Since the last visit by our colleagues two, in all respects first-rate, verandahs have been completed at the reception wards. By their liberal width and entirely open fronts they will afford the best form of open-air treatment in bed. We suggest that, instead of relying on the usual process of distempering as a protection in the summer months, they be fitted with inexpensive roller blinds.

Apparatus for treatment by ultra-violet radiation is another medical facility which has been recently added. For this purpose a room in the basement has been completely fitted up.

Though its position is in some respects not quite ideal, we were glad to see the good clinical room that exists on both sides in connection with the reception wards and to notice also that in it the clinical records are kept and entered up. To obtain the full value from this system we hope that it will be found possible gradually to provide such a room for each ward; for wards other than those used for reception and sick nursing an adapted single room would suffice.

The death rate during 1927 was among the lowest in mental hospitals in this country, namely, 6·4 per cent., the male and female percentages being 7·3 and 5·6 respectively.

Among the 23 male and 25 female deaths, one was due to an accident which occurred shortly before admission; in it and another case inquests were held. Otherwise the deaths were all from natural causes, verified by post-mortem examinations in the very good proportion of 81 per cent. Only three deaths (2 males and one female) were due to tuberculosis, of which the present number of ascertained cases is two of each sex. Apart from these 7 cases, there has been entire freedom from infective disorders. The only casualties of any severity have been two cases of fracture, one caused by a fellow-patient and the other due to an accidental fall.

We were sorry not to see Dr. Forsyth and still more so to hear of the serious accident and injuries which befell him and his wife while abroad, where in consequence they still are. We trust that they will both make a speedy recovery.

Dr. Graves was with us during most of our visit yesterday and Dr. Shand to-day. Dr. Ann Fairweather is on leave. Dr. Shilvock and Dr. Caplan are here in a temporary capacity.

Stechford House.

October 8th, 1928.

We visited this house to-day and saw all the 60 patients who are housed here with the exception of one man who was absent without leave. We found the patients happy and contented and the arrangements made for their comfort and care satisfactory.

Glenthorne.

October 8th, 1928.

We visited this house this evening and saw the 35 ladies in residence here. They were obviously contented and happy and well cared for.

City of Birmingham Mental Hospital.—2. Rubery Hill with Hollymoor Division.

October 11th, 1928.

As we anticipated, our visit, which was commenced the day before yesterday at Winson Green Division and was concluded yesterday at the Rubery Hill with Hollymoor Division, has interested us much. Besides seeing the patients, from many of whom we received appreciative remarks as to the pains taken in their treatment, and besides inspecting the wards and many other parts of the hospital, we had an opportunity of witnessing some of the treatment in actual progress, including that which is carried out in the operating rooms. We also availed ourselves fully of the opportunity of talking over this work with Dr. Graves and in the laboratory with Dr. Pickworth, as well as with the visiting aurist, Mr. W. S. Adams, who was in the hospital during part of our visit.

Subject to developments in the light of experience, the same lines are being pursued as outlined by our colleagues in their entry of October last year, and it is unnecessary to repeat what they then said. We, however, desire to express our own belief that the systematic search for septic foci as carried out here, together with the thorough manner in which indications are followed up and treated, is on right lines, and that the great benefit which follows this treatment is too frequent to be explained by coincidence. We earnestly hope that it will be vigorously maintained and developed; indeed, we already see some directions in which the necessity for further facilities will be soon felt, and we doubt not that they will be freely provided.

We could not fail to notice an entire absence of noise and excitement in all the wards occupied by patients who are prone habitually to exhibit these symptoms. It is believed that this is largely and directly due to this specific treatment of septic conditions revealed by team-work on the part of the resident and visiting medical staff, and we were shown several patients who, before this treatment, had been well known over a period of years for the troublesomeness of their conduct. Assuming the validity of this belief, and that this treatment is carried out in all newly admitted patients who present indications for it, this distressing and often prolonged phase of mental disorder should disappear from the wards of mental hospitals.

Since the Commissioners' last visit two draw-plate ovens and a fish fryer have been installed in the kitchen at Hollymoor, and an improved heating system in the officers' quarters there, and at Rubery Hill additional radiators have been placed in wards 5 and 6 on the women's side.

Some levelling is in progress which, besides being an outlet for occupation of some of the patients, will increase the scope of open-air amusements and sports.

Again by the work of patients a substantial addition has been made to the size of the watercress beds, the product of which, besides its nutritive value, is much appreciated. The dietary in general seems to us quite good, and no doubt its preparation is materially assisted by the excellence of the kitchen equipment.

The wards were comfortable, in good order, and pleasantly warm. It struck us, however, that in those where the patients sit up later than the general bed-time they would probably appreciate it, were there arrange-

ments whereby an open fire could be lit in the evening. It was a pleasure to see how well they are all provided with books and magazines.

Adaptation of wards originally intended for other purposes is seldom easy—a fact which explains the inconvenience, as it seemed to us, of the large size of the admission wards at Hollymoor and of the absence of small rooms in these wards. Whether, if we are right, this is capable of remedy is a point that is probably worthy of consideration.

The bungalows form particularly nice units and we cannot help wishing, as did our colleagues, that their advantages could be extended to the men. It seems to us that, by extending the nurses' home accommodation and by thus setting free the bungalow's cubicles now used by nurses, this desirable extension could easily be obtained and that thus more beds for patients could be provided at a comparatively cheap cost.

During the period under review (just under twelve months) 362 patients have been admitted, in exactly equal numbers as to sex, 37 have been transferred to other care, 181 have been discharged (upon recovery in all but 50 instances), and 91 have died. We are glad to notice that the valuable practice of a period of trial before final discharge was employed in some 57 per cent. of the discharges, and that to about half of those so allowed out on trial a monetary grant was made under s. 55.

Including 11 patients now absent on trial, the numbers on the books are 657 men and 896 women patients. The total of 1,553 includes 69 males and 11 females classified as private patients, among the men being 56 "Service" and 6 "ex-Service" cases. There are 4 out-county cases. Upon these figures and taking the accommodation as for 647 men and 854 women, there are 3 patients over the proper number on the male and 38 on the female side.

The weekly charge for maintenance is now 27s. 5d. a head, the actual cost as last ascertained for the period of a year being 28s. 4³/₈d. The charge for private patients is two guineas a week.

The principle of according as much liberty to the patients as is compatible with safety is well recognised here. The doors of one male and two female wards are left unlocked during the day-time, 15 men and 26 women are allowed to walk out unattended beyond the grounds, and 77 men and 130 women are the numbers returned as having parole within but not beyond the grounds. Upon these figures it can thus be said that 16 per cent. of all the patients, men and women, have a considerable measure of parole—a very satisfactory claim to be able to make.

At mental hospitals where this highly valued privilege is less freely provided for it is desirable to remember that its effect is not confined to the increased contentment of the patients who possess it; the fact that the principle obtains has, by the force of example, an influence for good which permeates the whole institution.

The 48 male and 43 female deaths which have occurred during the period under review have been, with three exceptions, from natural causes. Of the excepted cases (in each of which, as well as in two other cases, inquests were held), one was from misadventure and two were cases of suicide, in one of which the act took place while the patient was at home. In 70 per cent. of these 91 deaths post-mortem examinations were held. We enquired somewhat closely into the nature of these important examinations and can say that we know of no place where they are more thorough or painstaking, or where greater effort is made to make them of value to research.

Slightly more than one-third of the deaths were due to heart disease. General paralysis accounted for 29 per cent. of the male deaths, in contrast with 3 cases in the 43 female deaths—a fact which probably explains why the death rate during 1927 (6·2 per cent.) was so much higher among the men than among the women, the male and female percentages being respectively 9·5 and 3·7.

There have been four cases of fracture of a bone, one of superficial burning and one of scalding. One of the former occurred in an altercation with a fellow patient; otherwise these casualties have been accidental in origin and call for no comment.

There has been one sporadic case of dysentery and another of enteric fever. The extent to which tuberculosis exists in the hospital seems satisfactorily very small; no male death is ascribed to it, but three—that is 7 per cent.—of the female deaths were due to it. Exclusive of one member of the male staff, the number of present ascertained cases is two on the male and three on the female side.

To each of the reception wards is attached a small clinical laboratory in which minor examination of specimens can be made, and which are said to be very useful adjuncts. Excellent clinical rooms, where interviews between patients and their medical officer can take place and where clinical notes are made, are also provided at these wards. Pleased as we were with the arrangements in these rooms, we feel sure that, if this system of note-taking and the keeping of records develops as fully as we have in mind, advantage will be found in the provision of a clinical room in each ward in which the records of all patients in the ward in question are kept; such rooms need not be so fully equipped as those at the reception and sick wards.

We noticed with interest the large flat roofs of some of the one-storeyed pavilions being used as promenades for exercise. These roofs are suitably and not obtrusively protected. The wards to which the patients thus using these roofs belong are special treatment units, in which we understand these patients are not retained for long periods, and that they therefore do not suffer from lengthy deprivation of the use of the ordinary ward gardens.

We saw under treatment in bed 27 men and 70 women at Rubery Hill and 48 and 129 respectively at Hollymoor, that is, of the totals in residence, 7·4 per cent. of the men and 14·4 per cent. of the women. From what we have said earlier in this entry it is scarcely necessary to say that the care and attention, both medical and nursing, of which they are in receipt is of the best.

Under the matron and chief male nurse the nursing staff number 123 on the male and 130 on the female side. Of the former, 67 per cent. are certificated or registered as mental nurses, the corresponding proportion for the women being 40 per cent.

There are 17 male and 29 women nurses who have proceeded with their training so far as passing the preliminary examination. There are 16 of the men and 17 of the women on duty each night.

Dr. Graves has to assist him as resident medical colleagues Dr. Elizabeth Selkirk (deputy superintendent), Dr. H. E. Brown, D.P.M., and Dr. Jane W. Stocks, at Hollymoor; Dr. J. M. MacKenzie, D.P.M., and Dr. Kathleen A. H. Sykes at Rubery Hill.

Brighton Mental Hospital.

September 17th, 1928.

After having seen all the patients in residence and inspected all parts and departments of this institution, I am glad to report that I am very favourably impressed with what I have seen.

Unfortunately I have missed meeting Dr. Harper-Smith, who is away on his annual leave, but I have been accompanied on my visit by his deputy, Dr. Guppy, from whom I have received every assistance and information.

Since my colleague's visit 9 months ago the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admissions - - - - -	91	114	205
Transferred to other care - -	9	11	20
Discharged from order - -	30	54	84
of whom had recovered - -	29	34	63
of whom dealt with under s. 79	—	6	6
Allowed out on trial - - -	3	6	9
of whom granted allowances -	1	3	4
Deaths - - - - -	34	33	67

The above changes leave on the statutory books the names of 881 patients, in the proportion of 337 men to 544 women; of these, 47 men and 43 women are classified as of the private class, 29 of the former being "Service" or "ex-Service" patients. Out-county patients number 183—59 men and 124 women. Forty-eight men and 95 women are received under contract from the borough of Eastbourne and 15 women from Napsbury Mental Hospital. Fifteen children, 9 boys and 6 girls, are boarded out under reception contracts at Hellingly and Netherne Mental Hospitals. There are now resident in the hospital 880 patients—336 men and 544 women. One man is out on trial and 2 men are on week-end leave. All the remainder have been seen by me.

The average number resident during the year ended December 31st last was 837—313 men and 524 women.

The accommodation as returned to me is for 286 men and 445 women by day and for 343 men and 576 women by night. There is therefore considerable discrepancy between the day and night accommodation, and it would seem that the hospital is considerably overcrowded by day on both sides. This is not apparent on a fine day, when several patients are out of doors and at work, but in the winter evenings and on wet days some of the day rooms must be overfull, and I reiterate the hope expressed by my colleague on his last visit that efforts will be made to rectify this discrepancy.

The question of the erection of an admission hospital is still under consideration, and the acquisition of a neighbouring estate which has come into the market, on which such a hospital could be built and the existing house utilised for private patients, is engaging the attention of the Committee.

Since the beginning of the year a cinematograph operating room has been built on the porch of the recreation hall and two new emergency exits made in the hall. Some more plastering and redecorating of dormitories on the female side have been carried out, and the male infirmary ward (No. 5) redecorated throughout. A new cowhouse with stalls on the tubular system has been erected and will be brought into use this week. Other improvements include the installation of an ejector plant in connection with the sewerage; a new sewer has been laid to the Haywards Heath Urban Council's sewer in Kents Road for the reception of the hospital's sewage. The main kitchen has been enlarged by the taking in of a passage, and the roof and walls are now being cleaned and redecorated. In progress is the erection of 16 houses for the staff.

I found the day rooms and galleries tidy and well kept, and presenting a comfortable and homelike appearance. There was a good supply of plants and flowers and of books and papers.

One ward on each side is administered on the open-door principle and a good deal of parole is allowed, 16 men and 24 women being granted parole beyond the estate and 54 men in the grounds.

The weekly maintenance charge is 24s. 6d. per head for the borough patients and from 28s. to 63s. for those of the private class. The average weekly cost as last ascertained was 24s. 4³/₈d.

I found the patients generally very quiet, well-behaved and contented, being free from complaints of any substance. One woman complained that she had seen another patient slapped this morning by a nurse. Dr. Guppy promised to investigate this matter.

The health of the patients is generally good. Of the 31 men and 102 women whom I saw in bed none were very seriously ill, and the majority were there on account of their mental state or for infirmity. There are no verandahs at this hospital, but advantage is taken of the fine weather to have a large number of the bed patients out in the ward gardens.

All the 67 deaths were from natural causes, verified in 58 instances by post-mortem examination. No inquest was held. The chief causes of death were heart disease in 14, organic brain disease in 13, tuberculosis and arterio sclerosis in 8 each, and influenza in 5. Of the latter disease there was an outbreak in January, February and March, when one male and 14 female patients were attacked. In April, 3 women contracted enteric fever, and in the same month one man dysentery. There are now suffering from tuberculosis 6 male and 13 female patients, and one woman from enteric fever.

There have been 5 serious casualties involving fractures of bones in the cases of 2 men and 3 women. With one exception they all occurred from accidental falls. The excepted case was where the woman was pushed over by another patient and fractured her femur.

Ultra-violet ray apparatus has been installed on both sides of the hospital, but has not yet been much used owing to the large amount of natural sunlight this summer.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	10	10	20
Ordinary - - - - -	41	60	101
Night - - - - -	10	13	23
Certificated or registered - -	34	27	61
Passed preliminary examination	18	7	25

During the course of my visit to the wards I found on duty 35 nurses on the male side and 38 on the female.

Dr. Harper-Smith has the assistance of Dr. Guppy and Dr. Humphrey, and at present during his absence on leave Dr. Gallagher is acting in a temporary capacity.

Bristol City Mental Hospital.

December 27th, 1928.

I have to-day paid the annual visit on behalf of my Board to this hospital and am able to report that it continues to be well maintained and ably administered in the best interests of the patients, notwithstanding the serious limitation of a proper system of classification to which my colleague and I referred in our report last year.

Since that visit a considerable number of minor improvements have been effected: bedside tables, similar to those in the female side, have been provided in the male infirmary ward; all patients now have been supplied with night-shirts; daily illustrated papers, bound in brown paper, are issued to every ward; and certain additions to the laundry have been made, including a new collar machine and a new washer, and a new foul washer is being installed; also several wards have been redecorated.

But the outstanding need for the expansion of the hospital remains and is indeed becoming more pressing. Although a comparison of the total accommodation of the hospital with the numbers in residence to-day shows vacant accommodation for 48 male and 9 female patients, there is

unavoidable overcrowding in some of the wards, and especially where overcrowding is most deleterious, i.e., in the observation and acute wards, which the removal, by transfer under s. 25 to the Guardians, of some 60 female patients on November 1st has done little to alleviate.

It is a matter of much regret, therefore, that the scheme for the acquisition of a certain suitable property has fallen through, and that the whole matter must be considered again from the beginning.

Since our last visit at the end of January, 1927, 204 male and 299 female patients have been admitted, 11 males and 21 females have been transferred to other care, 77 male and 169 female patients have been discharged from certificates (of whom 47 of the males and 78 of the females had recovered), and 13 males and 64 females were dealt with under s. 25 of the Lunacy Act. During the same period 99 males and 90 females have died.

These changes leave on the books the names of 447 males and 545 females, or 992 in all.

Of the total number, 49 males and 19 females are private patients, including in this category 39 "Service" and 2 "ex-Service" male patients.

Of the total number, only 6 are out-county patients.

At my visit to-day 4 male and 7 female patients were out on trial, leaving in residence 443 males and 538 females, all of whom I have seen during the course of my visit.

I have found them on the whole quiet and well-behaved, tidily dressed, free from complaint, and, except on the ground of their detention, as contented as their mental states would allow.

The wards, which have been recently redecorated, were bright and cheerful, and the dormitories throughout very clean, neat and comfortable.

On the female side I saw a good dinner of roast mutton, potatoes and cabbage, and found it well cooked and palatable, and on the male side I saw the patients enjoying a substantial meal of beef steak pudding, potatoes and cabbage.

In the course of my visit I gave particular attention to the patients under treatment in bed, of whom there were 46 on the male side and 69 on the female side. The great majority were in bed on account of senile infirmity or ordinary physical disease, and not many for mental reasons. I was thoroughly satisfied that they were in receipt of every proper care and attention, skilfully treated and kindly nursed. I was struck, however, by the high proportion of semi-acute "observation" cases and the difficulties which must follow the overflow of these cases into wards intended for and containing quiet "non-observation" cases.

These difficulties are manifold and, pending the provision of fresh accommodation, can only be surmounted by the exercise of the greatest tact on the part of the nursing staff and, I would suggest, an increased medical staff.

Since last visit the general health has been good, apart from 36 cases of influenza, one case of enteric fever, and 17 cases of dysentery, the last named all on the female side. The last of these cases of dysentery occurred in December, 1927, and marked the conclusion of the epidemic described in our last report. There has been no further outbreak in 1928. To-day there are 12 patients, equally divided as to sex, under treatment for tuberculosis.

The mortality rate for the year ended December 31st, 1927, was 11·08 per cent. for the males and 8·99 per cent. for the females, or 9·93 per cent. for both combined. Since last visit 99 males and 90 females have died, all without exception from natural causes.

The principal causes of death, confirmed in 160 cases by post-mortem examination, were as follows: general paralysis in 36, heart disease in 40, pneumonia in 31, tuberculosis in 16, senile decay in 11, kidney disease in 7, cerebral hæmorrhage in 8, to enteric fever in one, and to dysentery

in one, and in the remainder to a variety of bodily diseases not calling for special mention.

No inquest was held during the period under review.

There have been in all 16 casualties involving fracture of bone, all due to accidental falls or otherwise accidentally sustained.

There has been no employment of mechanical means of restraint, but 5 males and 179 female patients have been secluded for a total duration of 158 hours.

The present staff of nurses consists of 13 male and 10 female nurses of charge rank, 40 male and 60 female ordinary nurses, and 10 male and 12 female nurses for night duty. Of the total nursing staff, 29 of the male and 19 of the female nurses are certificated or registered as mental nurses, and 11 male and 15 female nurses have passed the preliminary examination.

Dr. Barton White has the assistance of Dr. H. Smith, Dr. J. R. Reid and Dr. Tresidder. Dr. Geoffrey Hadfield, part-time pathologist, has been succeeded by Dr. A. L. Taylor.

Canterbury Mental Hospital.

February 9th, 1928.

The following are the numerical changes that have taken place amongst the patients in this mental hospital since my colleague's visit nearly 11 months ago:—

	Males.	Females.	Total.
Admitted - - - - -	13	10	23
Transferred to other care - -	2	2	4
Discharged from order - -	1	4	5
of whom had recovered - -	1	2	3
of whom dealt with under s. 79	—	2	2
Allowed out on trial - - -	—	1	1
Died - - - - -	8	9	17

These changes leave on the statutory books the names of 213 patients, in the proportion of 84 males to 129 females; of these, 16 men and 22 women are classified as private patients, 6 of the former being of the "Service" class. All are in residence.

There are 45 female out-county patients, of whom 40 are received under contract from the Suffolk Mental Hospital. I am informed that negotiations are in progress for the reception under contract of 35 male patients from the borough of East Ham. The vacant accommodation as returned to me is for 26 patients by day and 37 by night on the male side and one in excess by day, and 10 vacancies by night on the female side.

M. A. block on the male side is at present unoccupied. It has accommodation for 49 patients. The other male wards are now overcrowded, and this was especially noticeable in the male observation dormitory, where there were some 5 beds in excess. When the East Ham patients are received it is proposed to use one of the M. A. wards as an observation dormitory, which will relieve the present pressure.

I found the wards tidy and well kept and generally in very fair decorative state. Some external painting has been carried out since the last visit.

I suggest that a separate door should be placed in all the medicine cupboards in the part where poisons are kept and that labels indicating the contents should be affixed.

The grass in the ward gardens, with the exception of one, M.B.I., is in much the same state as it was on my colleague's visit last year. I should have liked to have seen it at least scythe mown.

The wards appeared comfortable, and there is a supply of armchairs. Letter paper is also now available.

I regret that the Committee have not as yet seen their way to improve the breakfast meal, but now that a Hobart mixer has been installed in the kitchen I hope that something may be done.

I found the patients of both sexes quiet and orderly and entirely free from any complaints as to their treatment.

They were neat and clean in their personal appearance and their clothing appeared to be good.

I found 16 men and 22 women confined to bed, the majority being senile cases. Nobody is seriously ill, and there has been no epidemic or zymotic disease during the past 11 months. There is only one patient—a female—suffering from tuberculosis.

The mortality rate for the year ended December 31st last was 9·87 for males, 8·14 for females, or 8·79 per cent. for both sexes together. All the 17 deaths since the last visit were due to natural causes, verified in 12 instances by post-mortem examination. The chief causes were heart disease in 11 cases and cerebral hæmorrhage in 2. In one of the latter an inquest was held, as it was alleged that the patient had been struck by another patient shortly before her death. The verdict was “death from natural causes.”

There have been two serious casualties among the women involving fracture of the femur. Both were from accidental falls.

There has been no employment of mechanical restraint and seclusion has only been used for 6 women for short periods.

Four men have parole outside the estate and 11 other men within the boundaries.

The weekly maintenance charge is 28s. for the City patients and from 42s. to 84s. for those of the private class.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge	3	4	7
Ordinary	12	17	29
Night	4	6	10
Certificated or registered	10	4	14
Passed preliminary examination	1	7	8

Dr. Sall has now the assistance of Dr. Percy L. Goitein as medical officer. I am glad to report that a pathological laboratory is being equipped in a room next to that used as the dental and operating room

City of Cardiff Mental Hospital.

December 15th, 1928.

The yearly visit to this hospital was paid by me on behalf of our Board yesterday.

It seems unnecessary on this occasion to repeat in detail the many advantages, with respect both to comfort and facilities for treatment and research, which are to be found at this hospital, and which were enumerated by my colleagues at their visit in July last year. It may suffice to say that the institution throughout is maintained in its usual excellent and first-rate order, and that full and constant use is made both of the liberal medical resources which obtain here and of the finely equipped laboratories. This must be a matter of much satisfaction to the Committee, by whose foresight and sympathy with medical requirements all this equipment has been provided.

A perusal of the hospital's last published annual report affords many points of interest. Among them, one cannot fail to be struck with the long list appended of contributions to medical literature, representing a

continuous output of work carried out in the laboratories and wards here by Lt.-Col. Goodall and his colleagues. It ranges from 1910, the second year after the hospital was opened, to July, 1927. Some of the items relate to work of a painstaking and laborious kind, the object of which has been to remedy fallacies in chemical estimations, and for which work future investigators will have reason to be thankful. Most of the publications, however, relate to problems directly connected with mental disorders and the fact that, with the exception of the period of the war, they are yearly, adds to the impressiveness of the list. Of the high importance of encouraging and maintaining this centre of research, which has won for itself no small fame, there can be no possible doubt.

Turning to statistical matters, since the last visit by Commissioners 253 patients have been admitted (rather more women than men), 11 have been transferred to other care, 173 have been discharged (96 on recovery) and 88 (56 men and 32 women) have died. The recoveries, when related as customary to the direct admissions and calculated over a period of 5 years, show the good proportion of 42·1 per cent. When to these are added cases discharged as relieved, the proportion is 62·4 per cent., the corresponding proportion for all county and borough mental hospitals in England and Wales being about 49 per cent.

With respect to patients allowed out on trial, who numbered 27 per cent. of the discharges, to only seven (15 per cent.) was any monetary allowance given. Though this proportion sounds small, it is stated that this pecuniary help was given in the cases in which the social service visitor reported that there was need of it.

The deaths, with the exception of the suicide of a patient while absent on trial, were all from natural causes, verified in the good proportion of 81 per cent. by post-mortem examination. Among them, perhaps the high proportion of those from pneumonia among the males calls for mention, namely, 22, or 39 per cent.; this is, of course, exceptional, but it may be worth further consideration. The death rate from all causes during the year 1927 was 8·4 per cent., the corresponding percentages for males and females being respectively 12·9 and 4·7. The high preponderance of this rate for men over that for women seems to have been largely, but not wholly, due to the incidence of general paralysis—a fact which leads us to hope that the selection of such cases for treatment by induced malaria, which is carried out here, will rule out only those cases in which it is very clearly contra-indicated.

The above-mentioned changes leave on the books the names of 668 patients—285 men and 383 women. Among them, including 27 “Service” and 3 “ex-Service” patients, are 34 males and 6 females classified as private patients. Also among them are 72 out-county cases, of whom 70 women are under contract from Napsbury Mental Hospital. One of each sex is at present absent on trial.

It is calculated that there are at the moment vacancies by day for 38 men and 17 women, and by night for 51 and 31 respectively. An interesting table has been compiled by Lt.-Col. Goodall showing how, by maintaining a constant endeavour to discharge as many patients as practicable, over and above those on recovery, the hospital has sufficed hitherto without any enlargement to meet the needs of the area which it serves, despite an increase in the general population from 176,000 in 1908 to 225,700 in 1927. It is manifest, however, that this satisfactory fact cannot continue indefinitely. For this reason, as well as for others, the Committee are, I feel sure, wise in considering the purchases of some additional land which is available. It is permissible, too, to entertain a pious hope that where additional beds do have to be considered, legislation will have enabled by then an effort to be made to secure that some of these may be in affiliation with the General hospital.

The weekly maintenance charge is 30s. 4d. a head. The actual cost as last ascertained was 29s. 5d.

The incidence of infective disorders has been again very small: one case of enteric fever, one of scarlet fever, and three of erysipelas, besides that of tuberculosis. As to the last named, there were three cases (two males and a female) among the deaths, and there are at present six cases in the wards (two males and four females). Though these numbers sound small, the actual number of deaths from tuberculosis, expressed in a proportion to the total patients in residence, is 9.1, as compared with 6.6, which is the average for all the public mental hospitals.

In view of this last-mentioned fact, it is with all the greater satisfaction that I observe that various further additions have been made to the dietary; especially has this been done as regards items for breakfast. I venture to urge that its fatty ingredients—milk, butter in the margarine, and dripping, etc.—be maintained at as high a level as practicable.

There have occurred seven cases of fracture of a bone—all of them the results of simple accidents.

One patient—a woman—made a complaint of ill-treatment to me, not as affecting herself, but on behalf of other patients. She named two nurses, but could name none of the patients to whom she was referring. Her statements were most vague and admittedly did not refer to any recent date. I listened to all she had to say, and also questioned one of the named nurses. I came to the conclusion that either there is no foundation in what she said or that, in her confused state, she is referring to unavoidable struggles, that from time to time do occur. Apart from this patient—and she was not really discontented—it seemed to me that a very satisfactory feeling of content prevails, and that those who are able to do so do appreciate what is being done for them.

The day was a very cold one, but, without exception, all the wards were comfortably warm. The many birds in them helped to add to their cheerfulness. The suggestion made by my colleagues as to books, etc., of a lighter weight to hand has been liberally met. As verandahs are so extensively used here, I mentioned the great conveniences which certain other hospitals are finding from the provision of inexpensive roller blinds to protect patients when the sun is too fierce for comfort. Wireless has been installed and several loud speakers have been fixed. As it is intended to extend this, I mentioned the advantage which I have seen some patients obtain from head-pieces—for example, a difficult, troublesome patient becoming quite tranquil while thus able to “listen in” alone.

Some very useful new machinery has been added to the laundry.

Undiminished effort continues to be made to maintain the nursing staff at a higher standard of training and efficiency, and to incorporate with the staff as many as practicable who are fully trained in both general and mental nursing. Miss E. C. King (formerly of Guy's and the Maudsley hospitals) is now the matron. All but three of the male wards are either wholly or in part nursed by women nurses.

As heretofore, a highly competent team of visiting specialists is maintained. With them and the resident medical staff systematic discussions take place upon newly admitted patients and other cases presenting special interest or difficulty. As resident colleagues Lt.-Col. Goodall has to assist him Dr. J. S. I. Skottowe, D.P.M., and Dr. J. S. Allen. It was impossible to be other than very pleased with the care taken with regard to the clinical and other medical records, a number of which I perused.

Croydon Mental Hospital.

September 28th, 1928.

I have to-day paid the annual visit of inspection to this hospital and can report most favourably on the order in which it is maintained, and on the care and kindness with which the patients are treated.

The patients' quarters were well kept and their sitting-rooms were

comfortably furnished, were most cheerful, and were provided with a large number of books and papers and games for the patients' amusement.

The patients themselves were quiet and orderly in their behaviour and, except for one or two delusional cases, were free from complaint. Much care is taken with the clothing of both the men and women, with the result that their appearance was pleasing and quite free from institutional character. A number are allowed to wear their own clothing. Dr. Berncastle hopes to improve further the outdoor boots and stockings, and I suggested to him that when opportunity occurs he should add to the laundry a steam press for men's clothing. Dressing-gowns are now provided for use in the general bathrooms.

In one ward on the male and in two on the female side the patients are now allowed to sit up late at night, and these wards are administered on the open-door principle. Parole is gradually being extended for men, 8 being allowed full parole beyond the estate and 16 others within the grounds.

In E 2 ward on the female side, which I understand is used for convalescent patients, two nurses have charge of 43 patients, and I was surprised to find that 4 patients on suicidal caution cards were amongst them. I pointed out to Dr. Berncastle that this classification did not appear to me to be a good one, and that there would be a risk in leaving 4 suicidal cases in a ward when during meal-times only one nurse would be on duty.

In the sanitary annexes there appeared to be an excellent supply of hand towels and hair brushes, and racks are now being set up for the patients' tooth brushes.

The patients' health appears to have been good during the period since my colleagues last visited and, except for one case of dysentery on the female side, the hospital has been free from epidemic disease. Only two men and one woman are known to be suffering from tuberculosis.

I found 30 women and 14 men confined to bed in the infirmary wards or on the adjacent solaria, and was satisfied that they were receiving proper nursing care and attention. I suggested that a small quantity of milk might with advantage be issued to these wards for night use in addition to the sick and extra diet.

I saw a good dinner of fried fish and potatoes, followed by suet and raisin pudding, being served in the wards, and was glad to hear that the monotony of the breakfasts, to which attention was drawn in the last report, has been done away with by the addition of meat in some form on two mornings and the issue of treacle with the porridge.

All the deaths have been due to natural causes and no inquests have been necessary.

The changes which have taken place amongst the patients since the last visit in June, 1927, leave on the books the names of 662 patients—212 men and 450 women—and all were in residence to-day except 3 men and 4 women who were away on trial.

Of this number 104—32 men and 72 women—are classed as private patients, 15 of the former being "Service" patients, and 3 are chargeable to out-county unions.

While the accommodation of the hospital provides for 201 men and 458 women by night, there is only day space sufficient for 184 men and 416 women, so the hospital appears to be overcrowded by 28 men and 34 women by day, though by night it is practically sufficient for the present numbers. However, 103 patients—42 men and 61 women—are now boarded out under reception contracts, so it appears that further accommodation will have to be provided in the near future. The nurses' home, recently completed, will be opened at an early date, and the rooms vacated by the nurses will provide 27 further beds for female patients, but no additional day space. Some of these rooms may, however, be required for clinical rooms for the wards, there now only being such rooms in the infirmary wards. It is to be hoped that the Committee will seriously consider the whole question of

accommodation in the near future, more especially as there is no prospect of boarding out patients in other mental hospitals in future.

The maintenance charges are 27s. 5d. for home patients.

The staff consists of 36 male and 51 female nurses for day and of 8 male and 13 female nurses for night duty. Of the men 29, and of the women 20, are certificated or registered as mental nurses, and 12 of the former and 10 of the latter have passed the preliminary examination for the certificate.

Dr. Berncastle still has the assistance of Dr. Rees and Dr. Martin, but no visiting specialists have yet been appointed. A technical assistant is being trained by the medical staff in the laboratory, and much good work is being done there in tests as aids to diagnosis.

A violet ray apparatus has been installed, and I was informed that this and the X-ray department are in regular use. I suggested that it would be of interest if a book were kept in each special medical department and in the operating theatre in which records of all special treatment could be kept.

I was very pleased with my visit and would congratulate Dr. Berncastle on the condition in which I found the hospital and on the happiness of his patients.

Derby Borough Mental Hospital.

April 19th, 1928.

The small number of suggestions which were made at the last visit have received attention, and I understand that the Committee have in view the improvement and alteration of the laundry, with an addition of some new appliances, the installation of a cinema, and the addition of two new boilers in connection with the improvement of the heating system.

I am satisfied after my visit and after conversing with numbers of the patients that they are receiving tactful and careful supervision, and that those in bed (11 males and 40 women) are being kindly and well nursed. There was undoubtedly a general air of contentment amongst the inmates and I cannot but think that, apart from other considerations, the amount of freedom under the system of parole which prevails tends to such a condition. The arrangements in regard to newly admitted cases and the warding of convalescents have been well considered and are as good as can be effected under present conditions. But they cannot be quite in accordance with the now approved views until a small convalescent hospital forms an integral part of this institution. Dr. Bain fully realises this hiatus in the amenities of the hospital, and I hope the Committee will not omit to give this question their careful and sympathetic consideration.

I am glad to know that a second medical officer is to be appointed and, as until a laboratory has been added to the other aids for treatment, Dr. Bain proposes to set aside a room where some investigations of a routine nature and as an aid to diagnosis may be carried out, the Committee may, I hope, see their way to giving consideration in filling this appointment to one who is specially qualified in reference to such work.

Since the last visit in February, 1927, there have been 115 admissions, and consequent upon the changes which have taken place during the interval which has elapsed, there are on the books 197 males and 275 females. Two patients are absent, and I believe I have seen the 197 males and 273 females in residence.

I found them in comfortable and well-ordered surroundings, and note with approval the attention which is being given to the dresses of the women, both in style and variety in colour.

The deaths numbered 49, and in all but 4 cases the cause was verified by post-mortem examination. In one case an inquest was held, particulars of which were duly reported to my Board. The verdict returned was that death was due to senile decay accelerated by the fracture of a rib. The

patient, aged 83, was of the wandering, restless type, and despite enquiry no evidence of any accident or violence could be obtained.

Section 79 of the Lunacy Act has been made use of in 15 cases, and in 9 instances out of the 19 allowed on trial money allowances were granted.

The private patients ("Service" 18) are 43 in number and the out-county patients 3.

The Middlesex contract for 30 female patients has been terminated and there are vacancies for 7 men and 17 women.

The maintenance rate for home patients is 24s. 6d. and for private patients from 35s. to 63s., those for whom the larger sums are received being accommodated in the well-ordered quarters at Albany House.

The death rate for the year ending December 31st last was: males 8.33 per cent., women 5.15 per cent., or for both sexes 6.41 per cent. Heart disease accounted for 13 of the deaths, senile decay for 9, tuberculosis for 3, and general paralysis for 8.

There are at present but 3 patients (two males, one female) actively suffering from tuberculosis, and there has been no epidemic or zymotic disease since the last visit, the hospital having entirely escaped influenza, so prevalent in some similar institutions.

Treatment of general paralysis by induced malaria has not been tried, but Dr. Bain is well alive to the desirability of affording opportunity for such treatment in suitable cases and assures me he would make every endeavour, should occasion arise, to seek the assistance of some other mental hospital where facilities are in existence.

The staff consists of:—

Charge male nurses	-	-	5	Charge female nurses-	-	7
Ordinary	-	-	22	Ordinary	-	31

for day, and 3 male and 5 female nurses for night duty. Those certificated or registered as mental nurses number 19 males and 14 females.

Dr. Bain is assisted by Dr. Percy Court, the deputy superintendent.

Exeter City Mental Hospital.

July 24th, 1928.

I have this morning paid a visit to this institution and can report that it continues to be well maintained and ably administered for the care and comfort of those who are residing here on account of their mental conditions.

Since my colleague's visit in May of last year the following numerical changes have taken place:—

	Males.	Females.	Total.
Admissions - - - - -	30	31	61
Transferred to other care - -	3	2	5
Discharged from order - -	10	20	30
of whom recovered - - -	8	14	22
of whom dealt with under s. 79	1	5	6
Allowed out on trial - - -	8	20	28
of whom granted allowances -	3	2	5
Died - - - - -	9	15	24

There are to-day on the books the names of 348 patients in the proportion of 163 men to 185 women; 2 of the former and 8 of the latter are now out on trial, leaving 338 patients in residence. The accommodation as returned to me is for 166 males by day and 176 by night, and for 169 females by day and 206 by night. The hospital is therefore practically full according to the day accommodation, but there are 15 vacant beds on the male side and 29 on the female side.

Private patients number 37 males and 43 females, 12 of the former being of the "Service" or "ex-Service" class. There are 47 out-county

patients, 46 men and one woman, 45 of the former being received under contract from Plymouth.

The weekly maintenance charge for the City patients is 25s. and that for those of the private class from 30s. to 45s. The average weekly cost as last ascertained was 24s. 4 $\frac{3}{4}$ d.

To the best of my belief I have seen all the patients in residence and given them an opportunity of speaking with me. A large number of them were in the ward gardens when I first saw them, and I again saw the majority of the women at dinner-time in the wards. I had no complaints at all and very few appeals for discharge. Both sexes were clean and tidy in their personal appearance and their behaviour very orderly.

The health of the hospital is now good; of the 6 men and 16 women whom I found in bed, none were very seriously ill. During the first two months of this year 10 female patients were attacked with influenza, and in June, July and August of last year two women suffered from enteric fever, and in January of this year two other women from dysentery, both with fatal results.

Three patients—one male and two females—are now suffering from tuberculosis.

With one exception the 24 deaths were from natural causes, verified in 14 instances by post-mortem examination. The excepted case was one of suicide by drowning whilst out on trial. An inquest was held in this case and in two others where there were fractures of limbs.

The mortality rate for the year ended December 31st last was the lowest on record, being only 3·83 per cent., 5·16 for males and 2·71 for females.

Of the 24 deaths in the period since the last visit pneumonia was the cause in 4 instances, general paralysis and heart disease in 3 each.

There has been no use of mechanical restraint and seclusion has only had to be used for 12 men for a total of 159 hours.

The day rooms and galleries are well kept and bright with flowers and plants. A good deal of redecoration has been done, and I am glad to see that opportunity has been taken to plaster the brick walls. The fire-alarm system has been rewired and other minor improvements and alterations carried out. The recreation hall is in progress of being redecorated, and the erection of a verandah to the male infirmary similar to the one on the female side has been commenced this morning.

Wireless receiving apparatus has been installed and 5 loud speakers provided.

Parole has been extended and 13 men and 24 women have their parole to go beyond the estate, and 30 other men within the grounds. One ward on each side is administered on the open-door principle.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge	4	3	7
Ordinary	18	13	31
Night	4	3	7
Certificated or registered	16	7	23
Passed preliminary examination	2	6	8

I found on duty on my visit 11 male and 15 women nurses.

Dr. Reid still has the services of Dr. Kilroy as medical officer.

The consulting staff now consists of a surgeon, pathologist, radiologist and dental surgeon.

Gateshead Mental Hospital.

December 11th, 1928.

I have to-day visited this hospital and, accompanied by the medical superintendent, Dr. J. V. G. Tighe, and on the male side also by Dr. H.

Cameron, have inspected the wards, dormitories, laundry and workrooms, kitchen, etc., and have found all in excellent order.

Since the institution was visited in June of last year by a member of my Board the following changes have taken place among the patients: 37 male and 66 female patients have been admitted, 2 male and 2 female patients have been transferred to other care, and 17 male and 24 female patients have been discharged (of whom 12 males and 17 females had recovered), whilst 4 male and 6 female patients have been dealt with under s. 79 of the Lunacy Act. During the same period 29 males and 21 females have died. These changes leave on the books the names of 173 male and 188 female patients, or 361 in all. At my visit to-day all of the 361 patients were in residence and all, to the best of my belief, were seen by and given an opportunity of speaking to me during my tour. I found the patients in general quiet, well-behaved and, apart from the desire of some for discharge, for which they are not as yet fitted, very contented. The patients on both sides were neatly and comfortably dressed, and the male patients, as well as the female patients, have each a night-dress. I was pleased, too, to learn that a clean towel is issued to each patient daily. I found the day rooms comfortably warm and cheerful and more than the usual proportion engaged in various forms of handiwork in the wards, apart from the number occupied in the sewing room. I saw some excellent rugs made and being made in the day room of one of the female wards, a useful example to other patients who otherwise might not have been interested. At my visit I found 25 female and 16 male patients under treatment in bed, mostly for minor physical ailments or senile infirmity, but in a few cases for mental observation or other mental reasons. I found the wards, both sick and infirm, in good order, clean, tidy and comfortable, but I should like to see more flowers or decorative plants in these wards.

The general health has been good during the eighteen months under review, and the only disease of an epidemic character among the patients has been one case of severe diarrhoea on the male side. Two of the female nursing staff, however, were attacked by enteric fever, in both cases contracted whilst on leave at home. At present one male patient and two female patients are suffering from and receiving open-air treatment in the hospital for tuberculosis.

The mortality rate for the year ended December 31st, 1927, was 11.66 per cent. for the male and 14.11 per cent. for the female patients, or 12.85 per cent. for both sexes combined, calculated upon the average number daily resident. This is a rather high death rate for this institution, but it is to be remarked that no less than 38 per cent. of the patients who died were over 60 years of age.

Since last visit 50 patients (29 male and 21 female) have died, all from natural causes. The principal causes of death were: heart disease in 17, general paralysis in 10, tuberculosis and pneumonia in 4 each, and in the remainder a variety of physical diseases not calling for special mention.

Only 2 casualties, serious but not fatal, have occurred, one on the male side and one on the female.

There has been no employment of mechanical restraint and only 8 patients (all females) have required seclusion for a total duration of 13½ hours.

The weekly maintenance charge per head for home patients is 28s. and that for private patients, of whom, excluding 21 "Service" patients, there are only 2, both female, is 42s. and 52s. 6d.

The present staff of nurses consists of 5 male and 4 female nurses of charge rank, 23 male and 24 ordinary nurses and 5 male and 5 female nurses for night duty. Of the total nursing staff, 16 of the male and 6 of the female staff are certificated or registered as mental nurses and 9 of the male and 4 of the female staff have passed the preliminary examination.

I saw and tasted an excellent dinner of roast pork, (home-grown) potatoes and cabbage, and rice pudding. In conclusion, I am satisfied that the patients here are in receipt of every proper care and attention, and are kindly and skilfully treated and well nursed.

City of Hull Mental Hospital.

January 16th, 1928.

All the patients in residence have, I understand, been seen by me in the course of my visit. Some, as might be expected, asked for their discharge. In no instance do I consider there is any cause for action, but from no one have I received any complaint in regard to treatment, surroundings or diet. The dietary appears to be good and varied, and is arranged upon a four-monthly system.

Dr. Anderson, who is evidently actively interested in his patients and in the administration of the hospital, does all he can—and successfully—to make the conditions of the inmates as happy as the circumstances permit, and I found the wards throughout the institution comfortably warm and well ordered.

Where desired patients are allowed to wear their own clothes, and apart from this all patients on admission are assigned their own particular garments, which accompany them on transfer from one ward to another. The only suggestion I would make is that those patients suffering from tuberculosis—there are but 3 males and 5 women actively affected—**should** have their own drinking utensils, etc., set apart for their individual use. The new admissions and tubercular cases are, as we know, of necessity accommodated in the sick wards, but so far as the former are concerned this defect will ere long be a thing of the past, as a new admission hospital will in the near future be added to the hospital's amenities.

No patients are treated at all times in the verandahs, but when Dr. Anderson considers the climatic conditions suitable good use is made of them, of which I saw evidence to-day.

Since the last visit the medical superintendent's new office and quarters for the matron have been completed and are in use, the superintendent's former office being now used by the clerk and steward. The laundry has been re-roofed and its lighting improved, whilst a dairy with sterilising and milk-cooling rooms has also been completed.

The institution's gas works have been put out of use and gas for the main building is now supplied from a local company, but the general lighting by electric current is under consideration, as also is the heating throughout the hospital, both of which projects will, I hope, be dealt with satisfactorily without any unnecessary delay.

When visiting the kitchen, as it is apparent that some of the equipment is anything but satisfactory, I cannot help thinking that the only way to deal with present conditions is to construct a new kitchen with suitable appliances, which will, it is hoped, include a Hobart mixer.

I understand that plans have been provisionally approved for an admission hospital, a new recreation hall with cinema, a nurses' home and a new mortuary with a suitable viewing room, where the bodies of deceased patients can be seen by their relatives in appropriate and reverential surroundings.

Consequent upon the changes which have taken place amongst the patients during the past eleven months, including 74 discharges (of whom 47 had recovered and 15 were dealt with under s. 79 of the Lunacy Act, 1890), and 58 deaths, there are on the books, males 354, females 379, a total of 733, one of each sex is on trial, leaving 353 men and 378 women in residence. "Service" patients number 39. Although money allowances were not made to any of the 16 patients who were allowed on trial, I am informed that due inquiry into the circumstances are always made by the medical superintendent, who fully appreciates how important

monetary help may be at such a time, and that if he considers assistance desirable it is granted.

Full parole is granted to 32 men, and 7 men and 20 women have parole within the estate.

There is some overcrowding on both sides, especially on the male side, but as it is proposed to equip and put into use immediately the unoccupied male villa for 40 patients, similar to the villa on the women's side which was opened some time ago, and is now occupied by some 20 to 30 patients, considerable relief will be afforded to the male wards.

The maintenance rate for home patients is 26s. 10d. and for private patients (of whom there are 15, exclusive of "Service" and "ex-Service" patients) the charge is 42s.

There has been no mechanical restraint.

The death rate for the year ended December 31st, 1927, was: males 12·03 per cent., women 6·73 per cent., or for both 9·30 per cent.

All the deaths since the last visit were with two exceptions (in which, as well as in one other, inquests were held and the circumstances duly reported to my Board) from natural causes. General paralysis was the cause of death in 12 instances, tuberculosis in 7, and heart disease in 10.

Treatment of general paralysis by induced malaria continues and, though I gather that on the whole the results have been encouraging, it is believed they would be more so still were the cases brought for treatment at an earlier stage in the disease. I saw 42 men and 34 women in bed, but there were no cases of acute illness, and the reasons for confinement to bed were excitement, feebleness and minor physical ailments. Those in bed appeared to be receiving careful nursing.

Influenza was prevalent during February of last year, but no case ended fatally, and in March there were 20 cases of gastro-enteritis, the cause of which was never certainly ascertained, though some corned beef which had been used was suspected. There have been two serious non-fatal casualties which call for no particular reference.

The staff consists of: charge male nurses 18, charge female nurses 7, ordinary male nurses 36, ordinary female nurses 34, for day, and 6 of each for night duty.

Those nurses certificated or registered as mental nurses number 42 males and 13 females.

The hospital continues to be efficiently administered by Dr. Anderson and he has the assistance of Dr. McInnes, the deputy superintendent (for whom a house is in course of construction), and Dr. Dorothy Main.

Ipswich Mental Hospital.

March 16th, 1928.

I have visited this hospital to-day and I believe I have seen all the patients now in residence. I found everything to be in good order and the patients to be comfortable and free from complaint, except on the score of their detention. The wards were cheerful, well warmed, and well supplied with books and amusements, and the patients' clothing was satisfactory.

The death rate for 1927 was again somewhat high, particularly for the females, the rate being 7·8 per cent. for men and 12·9 per cent. for women, or a total of 10·7 for both sexes. There has, however, been no epidemic disease of any kind since the last visit, nearly a year ago, and only 3 patients—one man and 2 women—are known to be suffering from tuberculosis. To-day the patients generally presented a healthy appearance and there were but few sick in the infirmary wards.

With one exception all the 20 deaths were due to natural causes, but the cause was verified by post-mortem examinations in only 3 instances. In the excepted case, concerning which an inquest was held, death was due to paralysis of the heart and respiratory centre from accidentally

eating a poisonous toadstool. The facts of this case were duly reported to my Board at the time.

The changes that have taken place amongst the patients since the last visit have left on the books the names of 141 men and 183 women, a total of 324, and all these were in residence to-day except one of each sex who were away on trial. Out-county patients number 21 men and 35 women, all of whom, except 3 women, are chargeable to Bury St. Edmunds, and 50 patients, including 16 "Service" or "ex-Service" patients, are classified as private patients. No patients are boarded out.

As the accommodation of the hospital provides for only 141 men by night and 156 by day, and for 172 women by day and 147 by night, the male side is now full and there is an excess of 36 female patients. This overcrowding on the female side is an urgent matter, especially when it is remembered that there is no vacant accommodation for women throughout the country, and the Committee are now considering how the present and future needs are to be met. Dr. Ogilvie, who has already visited my Board's office to discuss the matter, pointed out to me how he considered the needed accommodation could be obtained. I discussed these views with him and expressed the hope that, before the Committee finally decide on the scheme of enlargement, they should seriously consider whether additional beds should not be provided in villas rather than in an addition to the main building. Dr. Ogilvie will discuss this with them. Besides additional beds for patients, extra accommodation must be found for female nursing staff, and it is to be hoped that this may be provided in a separate nurses' home, particularly as I understand some of the present nurses' quarters are not very satisfactory.

The maintenance charges are 24s. 6d. for home and from 30s. to 42s. for private patients, and the average weekly cost as last ascertained was 22s. 3¼d.

There has been no use of seclusion or mechanical restraint.

In the main kitchen a potato-peeling machine has now been installed, but so far neither a fish fryer nor an electrical mixing machine has been provided, as suggested previously. I am sure that both of these would prove to be of great advantage, and that a mixing machine would be a great saving of labour.

In the wards I noticed that caution cards have not been issued to the nursing staff concerning patients known to be suffering from tuberculosis. This is not in accordance with the Commissioners' rules.

The nursing staff now consists of 20 male and 22 female nurses for day duty and of 4 of each sex for night duty. Of the men 12, and of the women 6, are certificated or registered as mental nurses, and 5 of the former and 4 of the latter have passed the preliminary examination.

I saw a good dinner being well served in the dining hall to over 100 women patients. It consisted of cold meat and vegetables, followed by a pudding, and appeared to be much enjoyed.

A modern padded room has been equipped on both male and female sides.

I was very well placed with the condition in which I found the hospital and with the way in which the patients are treated, but I should like to suggest to the Committee that a cinema for use in the recreation hall would add greatly to the patients' amusement.

Leicester City Mental Hospital.

December 11th, 1928.

Proposals for the erection of a new detached nurses' home are under active consideration and are the subject of correspondence between our Board and the Visiting Committee.

At the conclusion of our visit, which occupied yesterday and this morning, we were joined by our Board's architect, and we then met

Councillor G. W. Hunt (Chairman of the Committee) and other members of the sub-committee dealing with this matter. We thus had the opportunity of discussing on the spot a number of important points relating to these proposals, among others the proposal as to its site. We undertook to convey the Committee's views and our own impressions to our colleagues and to send a further communication from our office. In the meantime we can say how much our Board welcome the decision to make this provision, the value of which will be felt not only by the nursing staff individually but by the hospital in general.

The adaptation of the quarters which formerly formed the superintendent's house is practically completed. So soon as the painters are out of it and when it has been furnished it is proposed to occupy it by 32 women patients. We can see how comfortable and attractive a unit, both within and without, it will make; its excellence for the purpose of a convalescent home leads us to hope it will be used for this purpose.

Among matters completed since last visit is the erection of a fireproof chamber for the cinematograph apparatus, external to the stage end of the recreation hall, and the provision of a new scullery to the women's sick ward (No. 6).

Mention of this last item leads us to refer to the men's sick ward. This unit comprises a dormitory for 19 beds, verandah with 8 beds on it and solarium with 4 beds. Of these 31 beds in position, one on the verandah and 16 in the dormitory were occupied when we were in this ward. Though in some respects quite nice, it struck us as lacking in some of the sanitary conveniences and other arrangements that go to make a really adequate sick ward such as is required for nearly 400 mental cases. The verandah seemed to us small for 8 beds, very narrow, especially in places, and unattractive by reason of the heavy iron grill which has been fixed to prevent falls owing to the floor being elevated some 4 or 5 feet at one end. We can see the difficulties, but where, as here, so much thought is given to making improvements, we do not doubt that a solution will be effected. In the meantime we think that the provision of fitted mackintosh covers to the lower part of each bed would be found a convenience when it rains.

We found the wards everywhere in good order and well kept, and on the female side the flowers, upholstered chairs and rugs give the day rooms and corridors a particularly bright and comfortable appearance. Birds in cages contribute to this home-like atmosphere, which we felt to be missing in certain wards on the male side. Those few wards on both sides which are only heated by radiators contrasted strongly with those in which cheerful open fires were burning, and this contrast and the evident appreciation of the patients of the fires emphasised the desirability of leaving no large day room without one, at all events in the cold winter evenings.

The sanitary spurs in several of the wards on the female side are unsatisfactory, and we were glad to hear that improvements have been decided upon and are to be carried out.

Another very desirable improvement would be the provision of an electric oven or some other arrangement in the ward kitchens for keeping the second course of the meal hot whilst the first is being eaten and for heating the plates. Much care is given to the patients' clothing; a large number of the women wear their own clothes, and the others have their own dresses marked with their names.

Good work is being done in the laundry, women's workroom, and in the male shops, and the number of men (22 per cent.) employed on the farm and gardens is especially satisfactory. In the upholsterer's shop we found a few men unfit for skilled work engaged in picking hair for mattresses. This is work which we think should only be carried on in the open air or in a shed where there is thorough ventilation. The shed where the carding-machine is placed at present would be suitable for this purpose if disencumbered and better ventilated. We are of the opinion

that more manual occupations of a simple type could advantageously be introduced throughout the institution for patients who are unfit for more useful work, and we believe also that if an experienced officer were appointed more patients who are at present considered unemployable could be occupied.

The numbers of patients now on the books are 384 males and 570 females, of whom two of the men are absent on trial. Including 38 "Service" and "ex-Service" cases, these figures include 43 men and 26 women classified as private patients, for whom sums varying from one to three guineas are paid weekly, the weekly maintenance charge a head for home cases being at present 20s. 5d. The actual weekly cost as last ascertained was 21s. 2d.

Besides a few out-county patients here temporarily, including a few cases of general paralysis sent from a neighbouring county to undergo treatment by induced malaria, there are 99 women here under contract from the London County Mental Hospitals, and similarly four women who are West Ham cases.

Related to the estimated accommodation as returned to our office the foregoing numbers leave — on the male side, 27 vacancies by night and 9 by day, and on the female side a deficiency of 7 by night and 56 by day. We have not before us figures showing the yearly average rate of increase of cases chargeable in this area, but even without them it is apparent from the above remarks that the time cannot be far distant when, taking a long view of probable requirements, it will be prudent to consider what form any additions to the hospital should take.

The death rate during 1927 was satisfactorily low—6·3 per cent.—the male and female percentages respectively being 7·5 and 5·5.

All the 33 male and 44 female deaths which have taken place during the interval since the last visit by Commissioners (June 24th, 1927) have been from natural causes. The value and importance of post-mortem examinations are great, and in face of the difficulties said to be encountered nowadays in receiving consent to make them, it is especially creditable to the medical staff to find that the causes of 93 per cent. of the 77 deaths were thus verified.

Much valuable work, mostly of a clinical nature, is in progress in the laboratory under the pathologist; so much so that it was obvious to us that this small room is rapidly becoming too small for its requirements. It seemed to us, too, that if treatment by ultra-violet radiation is to be used to the extent that we sometimes see elsewhere, and for as many cases as we noticed here as likely to benefit by it, a separate and more suitable room needs to be found for the existing apparatus.

Careful bacteriological examination is made in the laboratory of all diarrhoea cases. In the light of these cases so examined there has been one case of dysentery and one of enteric fever. Besides two cases of scarlet fever, the only other infectious disorder has been tuberculosis present in three of the male and one of the female deaths, and so far as ascertained in two of the male and three of the female patients now in residence.

There have been 22 instances of fracture of a bone and two of dislocation of a joint. In 13 of these cases the incident happened in an altercation with another patient or in an unavoidable struggle with staff, the rest being the result of simple accidents. X-ray examination is, we are informed, used in all suspected cases, and has proved of much service.

Our visit to Northfield House, and to the farm buildings, impressed us with the comfort and suitability of this house and of its attractive garden for the parole patients (32 in number) working on the farm, and enabled us to see and to feel very satisfied with the thorough manner in which all vessels used for milk, including bottles for distribution of milk to the wards, are sterilised.

In concluding our entry, we desire to express the regret with which we have heard of the sudden death a few days ago of Mr. Sydney C. Leak,

whose ability as clerk and steward has been well known to our Board. He has been an official here for the long period of 44 years, and throughout the hospital his loss is seriously felt.

City of London Mental Hospital.

November 23rd, 1928.

Commencing yesterday afternoon, I have to-day completed this my first visit to this hospital, and have been most favourably impressed by the general comfort of the institution, by the attention given to the amenities of life, both within and out of doors, and especially by the excellence of the medical and nursing services. It would indeed be difficult to find any modern refinement of technical practice or procedure of proved value which is not represented here. The hospital throughout I have found admirably maintained and in excellent order. Since the last visit of a member of the Board thirteen months ago a large number of works have been carried out by the engineer's and foreman of work's departments, of which should be mentioned the supply of electric current from the Kent Power Company's main through a rotary converter plant, with satisfactory results; the re-wiring of the fire alarm system covering every possible danger point; the substitution of steam calorifiers for the old coke-fired boilers in the general heating of the hospital; the provision of electric irons in the general laundry in which the old iron-heater, referred to by my colleague, is now disused; the provision of a new verandah with bathroom and lavatory accommodation at the infirmary ward on the female side; the erection of a house for the clerk and steward, and many minor improvements, including additional lavatory accommodation and additional lamps for ultra-violet ray therapy. Since my colleague's last visit on October 10th of last year the following changes have occurred among the patients:—

Fifty-two males and 71 females, or 123 in all, have been admitted; 22 males and 25 females have been transferred to other care; and 19 males and 28 females have been discharged, of whom 11 males and 12 females had recovered. During the same period 1 male and 4 females have been dealt with under s. 79, and 12 male and 13 female patients have died. These changes leave on the books the names of 256 male and 333 female patients, of whom 142 males and 222 females are private patients; 18 male "Service" and 3 "ex-Service" patients. At my visit to-day one male patient and 8 female patients were out on trial, leaving in residence 255 males and 325 female patients, or 580 in all. To the best of my belief I have during the course of my visit seen every patient in residence and have given each an opportunity of speaking to me. It gives me pleasure to say that, apart from the natural wish of many for their discharge, though in no case were they fitted for discharge at present, I received no complaint of any kind, but on the contrary many expressions of satisfaction with their surroundings and treatment. I think I should mention that I was especially pleased at seeing the variety and excellence of the clothing provided for the rate-aided patients, and also at hearing that every article of clothing, including underclothing and night attire, is marked with the patient's name, and so returns to the patient without fail from the laundry, whilst to every patient a clean towel is issued every morning. The patients' dietary is ample and varied, and I saw and tasted the dinner for to-day, which consisted of fried fish (halibut) and sauce, potatoes, bread, stewed fruit and ground rice pudding, and found all palatable and well cooked. In this relation I would suggest that the provision of a Berkel meat slicer and a Berkel bread cutter would be advantageous and economical.

At my visit to-day there were 30 male and 46 female patients under treatment in bed, mostly on account of senile infirmity or in some cases for mental reasons, and was thoroughly satisfied that they were all in receipt

of skilled attention and careful and kindly nursing. I found the wards for the sick most comfortable and pleasantly decorated. A clinical room has been provided in connection with the male infirmary and admission ward, and I was glad to hear that another is to be erected in the corresponding ward on the female side.

The general health since last visit has been very good, and this is reflected in the low death rate for 1927 of 5·86 per cent., calculated on the average number daily resident, or 6·25 per cent. for the males and 5·55 per cent. for the females. All of the 25 deaths were from natural causes and none calls for particular mention. One inquest was held during the year on a male patient who died from bronchial pneumonia following fracture of the femur accidentally sustained. During the period under review no cases of influenza or of dysentery have occurred, the only disease of an epidemic nature being a solitary case of enteric fever on the female side in April of this year, without any further ill-result.

At present there are only two cases—both males—suffering from tuberculosis in the hospital and both are improving. There has been no case of mechanical restraint and only 31 patients have required seclusion.

Of serious but non-fatal casualties there have been only 6—all on the female side and all due to accidental falls.

A considerable and healthful increase of freedom is permitted to the patients, and no less than 56 male and 22 female patients are allowed parole beyond the estate and 84 male and 130 female patients within the estate, whilst the wards administered on the open-door principle embrace 96 male and 140 female patients.

The weekly maintenance rate for home patients for the year has been and is 26s. 10d., and for private patients from 28s. to 105s. The average weekly cost for the year as last ascertained was 28s. 11½d. The present staff of nurses consists of 7 male and 8 female nurses of charge rank, 28 male and 39 female ordinary nurses, and 4 male and 8 female night nurses. Of the total number of nurses, 15 male and 10 female nurses are certificated or registered as mental nurses and 12 male and 6 female nurses have passed the preliminary examination.

It has given me pleasure to visit this hospital and to see the admirable work carried out by the medical superintendent, Dr. Robinson, assisted by Drs. Navarro and Anderson, who have the additional advantage of outside specialist and consultant services.

Middlesbrough Mental Hospital.

December 13th, 1928.

I have to-day visited this hospital and am glad to be able to report that I have found it in excellent order—the wards clean, tidy, well ventilated and also adequately warmed. The corridors on the female side had been recently redecorated and enlivened by “railway” posters, and I understand the male side will shortly be similarly treated.. I was glad to hear that redecoration of the wards, many of which are somewhat sombre so far as the walls are concerned, will follow. Since the hospital was last visited by a member of my Board early last year many valuable improvements and additions have been made in the direction of increasing the efficiency of the hospital and the welfare and happiness of the patients. A new telephonic system has been installed, a new and complete fire-alarm system introduced, and a complete new cinema apparatus supplied for the amusement and instruction of the patients. An excellent clinical room has been formed on the male side, a provision which I hope will be made also on the female side when space permits.

The numerical changes which have taken place since my colleague visited have been as follows:—94 males and 77 females, or 171 in all, have been admitted; 8 males and 2 females have been transferred to other care; and 49 males and 47 females have been discharged from certificates,

of whom 40 of the males and 39 of the females had recovered. Also of the discharges 2 males and one female were dealt with under s. 25 and 2 males and 6 females under s. 79 of the Act.

During the period under review 37 males and 23 females died.

These changes leave on the books the names of 249 males and 225 females, or 474 in all, of whom 40 of the males and 8 of the females are private patients, the male private patients including 34 "Service" and 3 "ex-Service" patients.

At my visit to-day one male and one female patient were out on trial. There were thus 248 male and 224 female patients in residence to-day, all of whom I have seen to-day and given an opportunity of speaking to me, an opportunity of which frequent advantage was taken.

I found the patients in general very quiet and well-behaved, free from complaint, except in some, and not many, cases the complaint of their detention, and I received from many of them expressions of their appreciation of the kindness and careful treatment they were receiving. It was a pleasure to note the good relations which exist between the patients and the staff on both sides of the hospital.

The general health since last visit has been very good and no disease of an epidemic nature has occurred. There have, however, been 9 males and 10 females noted as suffering from tuberculosis, of whom 5 males and 6 females are still under treatment in the special verandahs and wards of the hospital.

The mortality rate for the year ended December 31st last was 8.5 per cent.—males 12.3, females 4.4. As to the causes of death among the 60 patients who have died since last visit, general paralysis was the principal cause in 12, heart disease in a like number, senile decay in 5, tuberculosis in 4 and arterio-sclerosis in 7. Of the remaining deaths none calls for special mention but one, a male patient who died of strangulation by hanging. The case was the subject of a coroner's inquest and the facts were communicated to my Board at the time. Inquests were held in three other cases, all of which deaths were due to natural causes.

Only four casualties involving fracture of bone have occurred, two among the males and two among the females, all accidentally sustained.

There has been no case of employment of mechanical means of restraint and only one male and three female patients have been secluded for a total duration of six hours.

I saw and tasted an excellent dinner to-day on the point of being served to the patients. The meal consisted of meat pie, potatoes and boiled cabbage, and was palatable, well cooked and nicely served.

The maintenance charge for home patients per week per head is 25s. 8d. and for private patients from 28s. to 52s. 6d.

The present staff of nurses consists of 6 male and 6 female nurses of charge rank, 27 male and 23 female ordinary nurses and 5 male and 4 female nurses for night duty.

Of the total nursing staff, 16 of the male and 9 of the female nurses are certificated as mental nurses; 6 male and 9 female nurses have passed the preliminary examination.

At my visit I found 12 female patients and 17 male patients under treatment in bed and mostly for physical ailments, and on the male side a small number undergoing special treatment for general paralysis. I found in bed cases receiving careful methodical treatment on modern lines and capably and kindly nursed.

Dr. Drake-Brockman, who kindly accompanied me throughout my tour, continues to have the assistance of Dr. J. P. Steel.

As the result of my visit I am thoroughly satisfied that the hospital is ably administered in the best interests of the patients and also, notwithstanding the absence of certain means and facilities to accurate diagnosis—e.g., there is no X-ray plant as yet and the laboratory equipment is scanty—I have been impressed by the volume of work done by the medical staff

in controlling and checking the clinical work in the wards by modern technical methods in the combined dispensary and laboratory.

City of Newcastle-upon-Tyne Mental Hospital.

December 10th, 1928.

I have to-day visited this hospital and have found it maintained throughout in excellent order. Since the last visit of a member of my Board a considerable number of improvements have been carried out, of which the principal have been the heating by hot water circulation of wards 3 and 4 on the female side and wards 9 and 10 on the male side, these wards on both sides being "infirmary" wards, previously imperfectly heated by open fires; the entire remodelling of the central kitchen, admirably carried out; the provision of a verandah to male ward 7; and a number of minor, but none the less valuable, improvements.

Since the last visit of my colleague eighteen months ago 120 male and 130 female patients have been admitted, 16 patients (equally divided as to sex) have been transferred to other care, and 30 male and 51 female patients have been discharged (of whom 29 males and 45 females had recovered). During the same period 81 male and 60 female patients have died. These changes leave on the books the names of 520 male and 442 females patients, or 962 in all, of whom 57 of the males are private patients—including in this number 52 "Service" and 2 "ex-Service" patients—and 13 female private patients. Of the number on the books 23 males and 34 females are out-county patients. At my visit to-day one male and 4 female patients were out on trial, leaving 519 male and 438 female patients in residence, or 957 in all. To the best of my belief I have to-day seen every patient in residence during my tour of the wards, airing-courts, laundry and kitchen, etc., and have given each an opportunity of speaking to me, of which frequent advantage was taken. I am pleased to be able to say that, apart from the desire of many to be discharged, for which in no case did I find them fitted as yet, I found the patients contented generally, free from complaint, and indeed appreciative of their treatment and the kindness shown to them, properly and comfortably clad, and well cared for in every way. A strong southerly, a S. by E. wind was blowing, and I found one or two of the rooms, and particularly those in the old part of the building which have not been linked up with the hot water circulating system, rather cold, notwithstanding the open fires. The day, however, was exceptional, and I am bound to say that in reply to my enquiries no patient complained of feeling the cold weather or of suffering any inconvenience. I found the wards for the sick in excellent order, clean, comfortable and thoroughly ventilated, and the patients in receipt of every proper care and attention. On the female side I found 48 patients under treatment in bed, mostly for physical disorders or on account of senile infirmity, and on the male side 92. The dissimilarity between the two divisions in this respect was partly due to the larger number of general paralytics receiving special treatment, and partly to the larger number of cases of epilepsy and other conditions requiring bed treatment for mental reasons. In this relation I was glad to note that the special treatment of general paralysis by induced malaria and other special methods is vigorously pursued at this hospital, and carefully checked and controlled by individual investigations in the well-equipped laboratory. No employment of mechanical restraint has occurred at this hospital for some years and only 6 patients—all female—have been secluded since last visit.

The general health has been good during this period and the hospital has been entirely free from influenza. Six cases of enteric fever and two of dysentery have occurred, all in the female division. The cases of enteric

fever cropped up sporadically in different wards and were widely separated in time of occurrence. An exhaustive examination, after consultation with the Medical Officer of Health, was made of the kitchen workers, both patients and staff, resulting in the detection of three of the patients as possible "carriers," in all of which cases proper precautionary measures have been adopted and no further cases have occurred.

At the present moment only 3 patients—2 males and one female—are suffering from pulmonary tuberculosis and are under open-air treatment.

The mortality rate for the year ended December 31st last was the unusually high one for this institution of 11·8 per cent., calculated on the average number daily resident, 12·6 per cent. for the males and 10·7 per cent. for the females. A large proportion, however, of the deaths for that year occurred among aged people, 4 being over 80, 18 between 70 and 80, and 16 between 60 and 70 years of age. Since last visit 141 have died, all with one exception from natural causes. The excepted case, that of a female patient who fell in an epileptic fit in the ward, fracturing her skull, and one other, a female patient who died of osteomyelitis of the jaw, were the subjects of coroner's inquests, and verdicts were returned in accordance with the medical evidence.

Of the remaining 139 deaths, the causes of death were verified by post-mortem examination in 70. The principal causes of death were: heart disease in 49, general paralysis in 24, organic brain disease in 20, senile decay in 7, pulmonary tuberculosis in 14, enteric fever in 2, and in the remainder a variety of diseases not calling for special mention.

There were only 3 serious but non-fatal casualties during this period of eighteen months.

North Villa continues to be administered upon the open-door principle; 39 male and 3 female patients are allowed parole beyond and 55 male patients within but not beyond the estate.

The weekly maintenance charge per head for home patients is 22s. 2d. and for private patients 29s. 2d., the average weekly cost for the year being 21s. 9½d.

The present staff of nurses consists of 11 male and 10 female nurses of charge rank, 61 male and 57 female ordinary nurses, and 12 male and 10 female nurses for night duty. Of the total nursing staff, 50 male and 4 female nurses are qualified or registered as mental nurses and 10 male and 15 female nurses have passed the preliminary examination.

Dr. MacPhail, medical superintendent, who kindly accompanied me during my visit, has the assistance of Dr. Cyril Gray, deputy superintendent, unfortunately on sick leave at present; Dr. J. Braithwaite and Dr. A. A. Macdonald, whose time is largely and profitably spent in the laboratory.

As the result of my visit I am thoroughly satisfied that at this hospital everything possible is being done for the comfort, welfare and treatment on approved modern lines of the patients.

Newport (Mon.) Borough Mental Hospital.

June 26th, 1928.

I have to-day paid the annual visit on behalf of my Board to this excellent small mental hospital, and can report that it is maintained in admirable decorative and structural condition, and it to be very well administered by Dr. Nelis for the care and comfort of the patients resident therein.

Since my colleague's visit 11 months ago the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	32	46	78
Transferred to other care - -	3	4	7
Discharged from order - -	18	27	45
of whom had recovered - -	16	17	33
of whom dealt with under s. 25	—	1	1
of whom dealt with under s. 79	2	9	11
Allowed out on trial - - -	—	1	1
Died - - - - -	22	15	37

There are now on the books the names of 182 men and 203 women, a total of 385 patients, all of whom are in residence. Twenty-one men and 14 women are classed as private patients, 15 of the former sex being "Service" or "ex-Service" men. Out-county patients number 86—38 men and 48 women. All the men and 18 of the women are received under reception contracts from the borough of Swansea, and 29 women are from the West Ham Mental Hospital.

The weekly maintenance charge is, for the home patients, 22s. 9d., and for those of the private class from 28s. to 63s. The average weekly cost as last ascertained was 24s. 7½d.

The total accommodation is for 186 patients of each sex, a total of 372. Last year the average numbers in residence were 181 men and 206 women; the numbers now are 182 and 203 respectively. There is therefore a slight excess of patients on the female side.

To the best of my belief I have seen all the patients in residence and given them an opportunity of speaking with me. Like my colleague last year, I had the misfortune of having a wet morning, and all the patients were confined to the wards and galleries. From their sunburnt appearance it is obvious that they spend a considerable time in the open air. I had no complaints of any kind and the patients were very quiet and orderly. Their dress and personal appearance were satisfactory and the variety of bright-coloured fabrics among the dresses of the women was noticeable.

The beds and bedding were clean and neatly arranged. The general health of the hospital is good and of the 20 men and 15 women whom I found in bed none was seriously ill. Two men and one woman are returned as now suffering from tuberculosis.

The mortality rate for the year ended December 31st last was 9·04 per cent.—11·05 for the men and 7·28 for the women.

All the 37 deaths since the last visit were from natural causes, verified in only 3 instances by post-mortem examination. I hope it will be possible in future to increase the number of these important examinations. The principal causes of death were heart disease and organic brain disease in 8 cases each, maniacal and melancholic exhaustion in 7, and general paralysis in 4 (all males).

The only instance of epidemic or zymotic disease during the period under review was an isolated one of enteric fever in a man, who died from it. Serious casualties number 4—3 cases of fractured bones caused by accidental falls and one of severe wounds of the thigh caused by an attempt on the part of the patient—a male—to jump through a window.

There has been no employment of mechanical restraint or seclusion.

There are no wards administered on the open-door principle, but 8 men have their parole to walk out beyond the estate and 12 other men are allowed out alone within the grounds.

The day rooms and galleries are well kept and there is a good supply of books, papers, plants and flowers.

Two wards on each side, where the patients are allowed to sit up late, have been furnished with wireless loud speakers, and there is also an installation in the recreation hall.

I saw a good dinner of stew, followed by baked bread and butter pudding, served and partaken of in the hall. I am glad to hear that margarine is not used here and that the patients have butter and also whole milk.

I understand that plans are being prepared for a further pair of staff cottages and that a burial ground is to be laid out on land adjoining the chapel, which appears to me to be a suitable site.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	6	6	12
Ordinary - - - - -	20	25	45
Night - - - - -	4	4	8
Certificated or registered - -	15	6	21
Passed preliminary examination	3	5	8

I found on duty during the course of my visit 16 male and 23 female nurses.

Dr. Nelis, who is to be congratulated on the state in which I found the hospital, has the same medical colleague, Dr. Mackay.

Having regard to the importance of the treatment of mental illness in its incipient and early stages I venture to suggest that the provision of an out-patient department in connection with a general hospital should be attempted, and if arrangements could be made for the establishment of a centre with the collaboration of the authorities of the Newport Royal Gwent Hospital it might be possible that the expert services of the medical staff here, and of the County Mental Hospital, could be made available for this important preventive work.

City of Norwich Mental Hospital.

August 10th, 1928.

The day being fine, the great majority of the patients were in the gardens, though not a few were employed in out- and in-door occupations, and I find that the good proportion of 62 per cent. are as a rule engaged in some sort of occupation. I received in the course of my visit but one complaint, as to which I fully satisfied myself that it was quite unfounded. Apart from this, no one made any criticism as to treatment, surroundings or diet, and I cannot but think that this hospital is administered with every regard for the welfare and happiness of the inmates. They appeared to be contented, and those confined to bed, in the main for mental reasons, were in receipt of kindly care and nursing. There is, as one realises, a lack of room, especially on the women's side, which prevents an ideal classification, but I am satisfied that all that can be is done in that regard under prevailing conditions, and I was pleased to note that due use is made of the existing verandah accommodation. The present needs of the hospital are well known to and fully realised by the Committee, who I understand have a somewhat comprehensive scheme in view for extending and improving the amenities of the institution and plans in connection with a part of the scheme are now under consideration. The lack of clinical rooms and other aids to treatment, referred to in the previous report, will, I hope, be remedied ere long, and so bring this hospital into line with modern ideas and requirements.

Although the number of patients suffering from general paralysis is small—there has been but one death from this affection since the last visit—I am glad to know that there is a prospect of treatment by induced malaria being introduced.

The detached recreation hut has been fitted up as a lecture room, an installation of new wash basins has been effected in connection with male ward 1 and a similar improvement is to be introduced in other wards, and some general renovations and decorations have been and are being carried out.

In the absence of Dr. Rice, through indisposition, I received great assistance from Dr. Hall, to whom I made some suggestions for the improvement of the arrangements for the viewing by relatives of deceased patients, which I know would be appreciated and which I hope will be effected. I also pointed out to him and the engineer that the lighting of the outdoor fire staircases to be effective should be wholly independent of the wiring and lighting of the dormitories.

Since November 25th of last year there have been 78 admissions, 32 out of 45 discharged had recovered, 4 have been dealt with under s. 79 of the Lunacy Act and one only under s. 25, but I believe that a more extensive use of this provision is receiving attention. Trial has been given to 18 patients, 8 of them receiving money allowances, and I gather that due consideration is always given in granting trial to the desirability of giving effect to the provisions of the Act which permit assistance to patients at such a critical period.

The deaths have numbered 23; in 2 instances inquests were held, the circumstances of which were reported to my Board and call for no further comment. In 19 of the 23 deaths post-mortem examinations were held. The death rate per cent. for the year ended December 31st last was low—5·98 per cent.—males 9·09 per cent., females 3·88 per cent. Epilepsy accounted for 3 per cent. of the deaths and tuberculosis for 2.

There were 5 patients suffering from tuberculosis in acute form—males 2, females 3—but there are, and have been since the last visit, no cases of dysentery, nor indeed any epidemic or zymotic disease.

On the statutory books there are 217 males and 314 females, 38 of whom are private, including 31 “Service” patients. The out-county patients are 56 in number, 42 under contract from King’s Lynn, and 13 from Great Yarmouth.

A patient is boarded out under s. 57 and 6 patients are on trial, leaving in residence 524—males 212, females 312.

Parole beyond the estate is granted to 12 men and one woman and 16 men have parole of a more limited extent. Parole is, I realise, a matter in the discretion of the medical superintendent, and I have no doubt receives due consideration at his hands. When, with due regard to safety and other considerations, it can be permitted, it does undoubtedly add to contentment and is generally a much sought for privilege.

The maintenance rate for home patients is 24s. 9½d., for private patients from 31s. 6d. to 73s. 6d.

There has been no mechanical restraint.

Only one serious non-fatal casualty has occurred. Nineteen male and 13 female nurses are certificated or registered as mental nurses and 6 and 19 respectively have passed the preliminary examination.

The staff consists of:—

Charge male nurses	-	-	3	Charge female nurses-	-	5
Ordinary	-	-	30	Ordinary	-	36

for day, and 6—2 male, 4 female—for night duty.

Nottingham City Mental Hospital.

March 10th, 1928.

This hospital is throughout in very good order and the patients are evidently in receipt of proper supervision and care. We received no complaints of any kind in regard to treatment, surroundings or diet; the applications for discharge were noticeably few in number, and these were only from patients quite unfit for other than institutional care.

The installation of a cinema and the necessary structural alterations have been completed, and some loud speakers have been introduced. The old staff dormitory has been adapted as a sewing room, the old sewing room being now used for lecture purposes, and a small room has been made use of as a dining-room for those private female patients who can appreciate such an amenity. Some alterations and additions have been made to the laundry machinery, the improvement of the lavatory in connection with female ward 1 is in contemplation upon the same lines as that already effected in female ward 6, and we understand that the reorganisation of the kitchen and stores is to be taken in hand—a much needed piece of work, the present conditions being unsatisfactory in many ways. A canteen for the women is to be opened. We visited the mortuary and pointed out to Dr. Brunton how easily and at small cost a suitable viewing room for the use of friends who come to pay their last respects to deceased patients could be constructed. Such an addition would, we feel assured, be very much appreciated.

In two of the wards, where the most unruly patients are warded, we were struck by the absence of books, and especially of cheaply bound illustrated papers. Our enquiries lead us to think that the library system needs reorganisation so as to ensure a sufficient supply and frequent change of books.

The question, however, of outstanding importance in connection with this hospital which requires attention is that of accommodation. The present position is that there is an excess of 5 male and 72 female patients, and that 64 women are boarded out under contracts which are, it must be remembered, liable to termination.

What must be remembered in this connection is that there is at the moment no spare accommodation for female patients in the country, so that, were these contracts terminated by the receiving authorities, the position would at once become critical.

The provision of an admission hospital must also not be forgotten.

We have had the advantage of discussing this very important matter with Dr. Rendall, the Chairman of the Visiting Committee, and must leave it with him to bring the matter before the City Council at, we hope, an early date.

Since March 9th of last year there have been 150 admissions, 69 patients have been discharged as recovered, and 76 have been allowed on trial, to 21 of whom allowances have been made from the Lady Middleton Fund.

The numbers of patients on the books are: males 416, females 505; there are 5 patients on trial, leaving 916 in residence—males 415, females 501. The private patients number 74, including those classed as “Service.” The privilege of full parole is allowed to 13 patients and 41 have parole within the estate. Several wards on each side are open to the gardens.

The maintenance charge for home patients is 24s. 6d. and for private patients 28s.

We were pleased to note when visiting the sewing room and wards that attention is given to the dresses of the female patients. We hope that the supply of night-dresses to the male patients will gradually be extended.

There has been no mechanical restraint.

The staff consists of:—

Charge male nurses	-	-	9	Charge female nurses-	-	11
Ordinary	-	-	51	Ordinary	-	55

for day, and 7 and 10 respectively for night duty.

Of the male staff 49, and of the female staff 35, are certificated or registered as mental nurses.

The health of the patients has been good throughout the winter and there has been no influenza or other epidemic amongst them. Only one patient on each side has suffered from dysentery and the records show

that, except for one slight case, there has been an entire absence of diarrhoea. The patients known to be suffering from tuberculosis number 3 men and 10 women, and during the past year only 2 of each sex have died from this disease. We were glad to hear that caution cards are issued to the nursing staff about all patients who have been attacked at any time by either of these diseases, so that a watchful eye can be kept on them in case any should show signs of a relapse. In the infirmary wards, where all sick patients, including those suffering from tuberculosis, are nursed, we were satisfied that skilful and careful nursing is given, and we were glad to see that good use is made of the verandahs both by night and day. On the female side, however, we thought this ward, which accommodates some 70 patients, to be somewhat too large for its purpose, and we suggested to Dr. Brunton that consideration should be given to its division into two wards. In the male infirmary, as now arranged, no day accommodation is provided, as is required by our Board. A rearrangement of this and ward 2 should be considered.

Malarial treatment for general paralysis continues to be carried out with hopeful results. A room on each side has recently been fitted up for the treatment by ultra-violet rays, and where X-ray examinations are needed the patients are sent into the City hospital. The laboratory is still in an inactive condition, and the aid of the City laboratory continues to be necessary.

The death rate for 1927 was 8·3 per cent. for men and 7·5 per cent. for women, or a total of 7·9 per cent. for the two sexes. This is, we understand, the lowest death rate ever recorded in the hospital.

All the 62 deaths were due to natural causes, and it has not been necessary to hold an inquest.

In the ward for the more troublesome patients on the women's side we found 17 patients in bed on account of their mental condition of excitement. Some of these had been thus treated for very considerable periods, and much seclusion has been necessary for them. We understand that all are allowed up daily for exercise, and hope that every endeavour will be made to keep their time in bed to the lowest limits. We could not help feeling that the overcrowded condition of this side of the building is a contributory factor to their general unrest.

Dr. Brunton has the assistance of Drs. Waddelow Smith and Alexander as permanent medical officers and of a *locum tenens* for some months every year. We must agree with our colleagues, who expressed the opinion at their last visit that two resident assistants are insufficient for the number of patients, and would again urge the Committee to consider the appointment of a third assistant.

We are satisfied that Dr. Brunton's administration continues to be most successful.

Plymouth Mental Hospital.

June 28th, 1928.

I have to-day paid the annual visit to this institution on behalf of my Board and am pleased to report that it continues to be properly maintained and administered for the benefit of the patients resident herein.

Since my colleague's visit just a year ago the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	50	82	132
Transferred to other care - -	24	28	52
Discharged from order - -	15	29	44
of whom recovered - - -	12	25	37
of whom dealt with under ss.			
25 and 79 - - - - -	1	1	2
Allowed out on trial - - -	14	40	54
Died - - - - -	20	12	32

These changes leave on the books the names of 525 patients, in the proportion of 217 men to 308 women. Fifty-one men and 29 women are classed as private patients, 36 of the former being of the "Service" or "ex-Service" class. There are only 2 out-county patients. Four men and one woman are now out on trial, leaving 520 patients in residence. I notice that of the 54 patients who were allowed out on trial during the last 12 months only one, a woman, was granted a money allowance. I hope that the Committee will make full use of their powers under s. 55 to grant money allowances, as relief from financial anxiety at such a time tends to promote full recovery.

The total accommodation in the hospital is for 213 men by day and 226 by night, and for 269 women by day and 319 by night. The institution, therefore, is overfull, especially on the female side, and the borough of Plymouth has boarded out under reception contracts 80 men and 67 women. It is gratifying, therefore, to hear that active steps are being taken to provide additional accommodation. About 56 acres of land to the S.E. of the estate have been purchased and will shortly come into occupation. The preliminary sketch plans for the admission hospital, infirmary, and nurses' home are under consideration, and I hope nothing will occur to prevent these very necessary additions being started before long.

The weekly maintenance charge is, for the borough patients, 22s. 2d. per head, and that for those of the private class from 30s. to 42s. The average weekly cost as last ascertained was 22s. 3d.

To the best of my belief I have given to all the patients an opportunity of speaking to me and stating any grievance. Apart from appeals for discharge from those who were not yet fit for it, I received no complaints as regards their treatment by the staff. The patients on both sides were quiet and orderly in their conduct, and generally their dress and personal appearance were satisfactory, although some of the more degraded class of the women presented an untidy appearance.

One male ward and two female wards are administered on the open-door principle.

Thirty of each sex are allowed parole beyond the estate, and 30 men and 35 women are allowed unattended in the grounds. The excursions to the seaside and to the moors are continued.

The mortality rate for the year ended December 31st last was 6.00 per cent.—9.50 for males and 3.39 for females—the mean rates for all mental hospitals for that period was 7.9 per cent.—8.6 for males, 7.3 for females. Since the last visit, with one exception, all the 32 deaths were from natural causes, verified in 17 instances by a post-mortem examination. The chief causes of death were general paralysis in 12 cases—10 males and 2 females—pneumonia and heart disease in 3 instances each, and epilepsy, tuberculosis, organic brain disease, and senile decay in 2 each. The excepted case was one of a man who committed suicide by hanging from a leg of his bedstead in a single room. An inquest was held in this case, and the facts were fully reported to my Board at the time.

In February and April of this year influenza attacked 5 male and 16 female patients and 5 women nurses. This is the only form of epidemic or zymotic disease in the period under review. To-day I found 31 men and 18 women confined to bed, but few were very seriously ill. Three women are returned as suffering from tuberculosis.

Serious casualties numbered four, three fractures of limbs caused by accidental falls, and the fourth a dislocation of a finger, the cause of which was unknown.

There has been no use of mechanical restraint. Seclusion has been employed in the case of 9 men and 20 women for a total of 3,250 hours.

The wards and dormitories were tidy and well kept, and there was a good supply of books, papers and games. I should like to see a letter box

with a glazed front in each of the wards, in which the patients can place their own letters, and which would be cleared daily by an officer.

In one or two of the male wards some of the furniture had got rather shabby and requires re-upholstering.

Since the last visit a new double-decked draw-plate oven has been installed in the general kitchen, and a slicing machine added to the kitchen equipment. I saw a good dinner consisting of meat pie being partaken of in the hall. The dietary scale appears to be a good one.

A new electric generating set, consisting of a Parson's 8-cylinder oil engine with dynamo has been installed as a stand-by in case of breakdown of the existing plant.

The laying down of a tennis court and the extension of one of the female ward gardens are in progress.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge	6	7	13
Ordinary	23	29	52
Night	6	7	13
Certificated or registered	18	13	31
Passed preliminary examination	6	6	12

I found on duty during my visit to the wards 20 male and 24 women nurses.

Dr. Starkey has the assistance of the same medical colleague, Dr. H. B. Wilkinson. A lady dispenser has been appointed since the last visit, who attends from 10 to 1 o'clock daily.

Portsmouth Mental Hospital.

April 3rd, 1928.

Commencing yesterday morning I have to-day completed my tour of the wards, day rooms, and dormitories, offices and workshops of the main building and its villas, and am able to say that I have found the whole hospital in excellent order.

The day rooms I found clean, tidy and comfortable, mostly pleasantly decorated and amply supplied with flowers and plants, books and newspapers, and means of indoor amusements and recreation, whilst the dormitories, beds and bedding were in very good order. Redecoration is required in the infirmary wards on both sides of the main building, but on the female side this will more easily be carried out after the opening of the new female villa block now being erected for the accommodation of 62 patients. A considerable number of improvements have been carried out since my colleague's visit last May, including the reflooring of the kitchen and bakehouse (terrazzo), in the latter of which also the oven has been reseated and renovated, the walls redecorated and hand-basins installed. A large tea-infuser to supply the whole main building has been added to the kitchen, with very satisfactory results.

Since the hospital was last visited by a member of my Board 89 male and 100 female patients have been admitted, 6 male patients and one female patient have been transferred to other care, and 21 male and 48 female patients have been discharged. Of these 69 discharges, 14 males and 42 females were discharged as recovered. Also 56 patients, i.e., 28 of either sex, have died. These changes leave on the statutory books of the hospital the names of 372 male and 552 female patients, or 924 in all, of whom 203 (males 102, females 101) are private patients; 52 males, "Service" patients; 3 "ex-Service" patients, and 4 out-county patients. To-day there are 2 male and 2 female patients out on trial, leaving the number actually in residence of 920, i.e., 370 males and 550 females. The

actual night accommodation is for 340 males and 445 females, or 785 in all, and there is thus overcrowding on the male side to the number of 30, and on the female side to no less than 105, the relief of which will only be partially accomplished by the completion of the new villa. This is a matter which is no doubt seriously engaging the attention of the Committee, who by their establishment of a fully equipped pathological laboratory, fully staffed; their entire approval of the formation of the Out-patient clinic, whose work is still expanding, at the Royal Hospital; their recent appointment of a third assistant medical officer, and in many other directions, have shown their earnest intention to bring their hospital into line with the best modern hospitals devoted to the cure and amelioration of mental illness.

Unfortunately, the character of the majority of the admissions for some time past suggests only an accentuation of the present overcrowding, with its many and grievous ills, chief among which is the difficulty, perhaps impossibility, of securing a proper degree of classification, segregation and concentration of medical and nursing efforts on early and recoverable cases. For the complete realisation of this purpose the provision of an admission hospital is essential.

To the best of my belief I have seen yesterday and to-day every patient in residence, with one exception—a patient who was out on pass for the day and whose name I have entered in the patients' book. I gave each an opportunity of speaking to me and gave private interviews to such as wished, and found all free from complaint except those who wished to be discharged—for which they were not fit as yet—and a few complaints of obviously delusional character.

I found them well clad and well shod, and was pleased to see the large number who were wearing their own clothing. Yesterday I saw them enjoying a good mid-day meal of stewed meat, with potatoes and cauliflower, ample in amount and, as I found, well cooked and palatable. In the wards of the main building 41 male patients and 66 female patients were under treatment in bed, and in the villas 11 of each sex also, mostly for the treatment of physical disorders or diseases, or on account of senile infirmity, though a certain small number were in bed for mental reasons or for rest and treatment as quite recent admissions. Bed tables of serviceable pattern have been placed in every ward where patients are in bed during the day.

It was a pleasure in going round the wards to see the manifestly good and friendly relations which extend between the patients on the one hand and the medical and nursing staff on the other, and I am thoroughly satisfied that the patients are in receipt of every care and medical attention.

The general health has been good throughout the period—nearly eleven months—under review, and the hospital has been entirely free from disease of an epidemic nature. There are at present 2 male and 6 female patients under treatment for tuberculosis, and in this relation it is interesting to note that both with regard to new cases notified during last year and the percentage of deaths from tuberculosis the figures for this hospital are satisfactorily lower than the mean for all mental hospitals. Also there have been no cases either of severe diarrhoea or dysentery.

The mortality rate for the year ending December 31st, 1927, was 8.6 per cent. among the male and 7.34 per cent. among the female patients. Since my colleague's last visit 56 patients have died, all, with one exception, from natural causes. The excepted case, which was the subject of an inquest, committed suicide by strangulation in circumstances fully reported to my Board at the time.

Only one other inquest was held, the patient, a female with heart disease, dying suddenly from natural causes. The causes of death in the whole number were verified by post-mortem examinations in only 21, and

no doubt, now that the pathological department is fully functioning, the proportion of deaths, so verified as to cause, will be satisfactorily increased.

Of the principal causes, general paralysis (13), pneumonia (15), kidney disease (9), and arterio-sclerosis (7) were the most numerous; tuberculosis occasioned only 2 and heart disease a like number.

The remaining deaths were due to a variety of diseases in single numbers, none calling for special mention.

The serious but non-fatal casualties which have occurred during the same period numbered only 4, one male patient incurring a fracture of jaw during a quarrel with another patient and three females sustaining fractures of bone as the result of accidental falls.

It is gratifying to note that no patient has been either mechanically restrained or secluded, and this fact, coupled with the small number of casualties in some considerably overcrowded wards, speaks well for the general behaviour of the patients and their tactful handling by their nursing and attendant staffs.

Ten male and 3 female patients are usually allowed parole beyond the estate, and 61 male and 68 female patients within but not beyond the estate; also three villas and one ward are conducted upon the open-door principle, showing that as large a degree of freedom as is compatible with safety is granted to the patients.

The present staff of nurses consists of 9 male and 12 female charge attendants and nurses, 53 male and 66 female ordinary attendants and nurses, and 9 male and 14 female attendants and nurses for night duty. Forty-two of the male and 33 of the female nursing staff are certificated or registered as mental nurses and, in addition, 11 of the male and 15 of the female staff have passed the preliminary examination.

Dr. Beaton, the medical superintendent, now has the assistance of Dr. Stokes, his deputy; Dr. Waterfield, and Dr. Grimby, whose first day of office coincided with my visit.

At this, my first, visit to this hospital, I have been impressed by the facilities which exist in the laboratory, in the dental room, and in the operating theatre, for the methodical diagnosis and treatment of physical disease and scientific research, and also by the successful co-ordination of medical resources within and without the hospital achieved by its medical superintendent.

Sunderland Mental Hospital.

December 12th, 1928.

I have to-day visited this hospital and have found it in good order and condition throughout, the buildings well maintained, and the dormitories, day rooms and corridors clean, tidy, well warmed and properly ventilated. The internal decoration was pleasing to the eye, and all arrangements for the patients' comfort and well-being quite satisfactory. Since the last visit of a member of my Board two verandahs, one on each side, have been erected, and are proving of much use in the treatment of suitable cases, e.g., pulmonary tuberculosis and "nutritional" cases. At my visit to-day the erection of two fire escape staircases in connection with male ward 6 and female ward 6 was in progress. Since my colleague's last visit eighteen months ago the following numerical changes have occurred among the patients: 50 male and 78 female patients have been admitted, or 128 in all; 6 female patients have been transferred to other care; 22 male and 33 female patients have been discharged, of whom 18 of the males and 26 of the females had recovered; also 22 male and 23 female patients have died. These changes leave on the books the names of 252 male and 233 female patients, or 485 in all. The number of male patients includes 29 "Service" and 2 "ex-Service" patients, and in addition there are 12 private patients (of whom 11 are on the female side). At my visit to-day 8 male and 16 female patients were absent on trial, leaving thus 244 male and 217 female

patients in residence. The total accommodation provided in the hospital is for 219 male patients both day and night, and for female patients 177 by day, and night accommodation for 180. At present, therefore, there is overcrowding on the male side both day and by night to the number of 25, and on the female side there are 40 patients by day in excess of the provided accommodation, and 37 by night. It is to be hoped that ere long arrangements may be made either alone or in conjunction with other authorities to provide further accommodation.

During the course of my tour of the wards and various departments I have, to the best of my belief, seen every patient in residence to-day. I am glad to be able to report that I have found them quiet, well conducted, and generally contented. I was pleased at the numbers I found occupied one way or another, where fit to engage in some form of work. I found the patients under treatment in bed—to the number of 27 on the male side and 45 on the female side—in receipt of every proper care and attention, very comfortable, and, so far as their mental condition allowed, appreciative of their treatment by the medical and nursing staff. The general health since last visit has been good. None of the patients has been attacked by influenza, but one female patient had an attack of enteric fever, to which she succumbed, and there have been 7 cases of dysentery—2 on the male side and 5 on the female side. The patient who contracted enteric fever had been at home on leave ten days before the symptoms appeared, and it is believed that she contracted the disease outside the institution. All these cases of dysentery occurred in one ward—ward 5—which is one of the seriously overcrowded wards on the female side, containing patients many of whom are feeble physically and of faulty habits. There are no cases of dysentery or severe diarrhoea in the hospital now. Five of the male and a like number of female patients are under treatment for tuberculosis, all, with one exception, in the verandahs for open-air treatment.

The mortality rate for the year 1927 was 7·5 per cent. for the male and 10·0 per cent. for the female patients. Since last visit 22 males and 23 female patients have died, all, with one exception, from natural causes. In the excepted case the patient, a child of 6 years of age, was accidentally scalded and died of shock. The circumstances were the subject of a coroner's inquest and fully reported to my Board at the time, and led to disciplinary action by the Committee in regard to the nurse in charge of the patient at the time of the accident. Of the remaining deaths, the principal causes of death were: senile decay in 10, heart disease in 6, general paralysis in 6, tuberculosis in 2, and enteric fever in one, the remaining deaths not requiring special mention.

There has been no employment of mechanical means of restraint and 17 patients have been secluded for a total duration of 99½ hours.

There have been in all 5 serious but non-fatal casualties, all on the female side, and all accidentally sustained. A considerable degree of freedom, I am glad to note, is permitted at this institution: 10 male and 5 female patients have parole beyond and 67 male and 8 female patients within the estate, and at the male side two wards (ward 4 and the villa), and on the female side one ward, are administered on the open-door principle. The weekly maintenance charge for home patients is 26s. 3d. per head, and that for private patients 35s. to 42s. per week.

The nursing staff consists of 8 males and 10 female nurses of charge rank, 36 male and 32 female ordinary nurses, and 7 male and 8 female nurses on night duty. Of the total staff, 37 male and 16 female nurses are certificated as mental nurses, and 13 male and 9 female nurses have passed the preliminary examination. I am thoroughly satisfied that the hospital is well and ably conducted in the best interests of the patients, notwithstanding the need for additional accommodation. Aware as I am of the industrial depression in the district, I hesitate to press on the

attention of the Committee additional requirements, but am constrained to mention the need for further equipment for the kitchen, e.g., a fish fryer and an alternative water tank. Also, the desirability of an X-ray installation. I should like to mention also that on enquiry the supply of towels might be increased with advantage, and the night-gowns in any further supply increased in length.

I saw and tasted an excellent dinner to-day of hot meat and potato pie with boiled cabbage. No pudding was issued, but the helpings of pie were on a generous scale.

I should mention, also, my satisfaction at learning that Dr. Archdale was able, notwithstanding his many duties here, to carry on an Out-patient clinic every Saturday in Sunderland.

Dr. Archdale continues to have the assistance of Dr. F. Back.

West Ham Mental Hospital.

July 12th, 1928.

After visiting all the wards and other departments of this institution I am able to report that it continues to be efficiently administered, and to be well maintained for the care and comfort of the patients resident therein.

Since my colleague's visit six months ago the following numerical changes have taken place:—

	Males.	Females.	Total.
Admitted - - - - -	70	72	142
Transferred to other care - -	3	1	4
Discharged from order - -	26	40	66
of whom recovered - - -	24	30	54
of whom dealt with under s. 79	2	8	10
Allowed out on trial - - -	25	28	53
of whom granted allowances -	5	2	7
Died - - - - -	20	17	37

There are now on the books the names of 1,038 patients, in the proportion of 498 men to 540 females. Three of each sex are now out on trial, leaving 495 men and 537 women in residence.

Private patients number 54—52 men and 2 women, 51 of the former being of the "Service" or "ex-Service" class. There are 14 out-county patients, chargeable to 10 various unions.

The weekly maintenance charge is 27s. 5d. for the borough patients, and that amount, plus 3s. 9d., for those of the "Service" class. The average weekly maintenance cost as last ascertained was 27s. 10½d.

The present accommodation as returned to me is for 945 patients by day and 933 by night—414 and 428 respectively on the male side and 531 and 505 on the female side. There is therefore considerable overcrowding on the men's side and some, more especially in night accommodation, among the women. It is gratifying to know that this matter is engaging the serious attention of the Committee, and a scheme is under consideration to provide an admission hospital and convalescent villas for both sexes, and additional detached buildings for males—in all, some additional 410 beds.

In addition to the 1,032 patients in residence here, the borough of West Ham have boarded out under reception contracts in other mental hospitals 48 men and 41 women.

To the best of my belief I have seen all the patients in residence, and have given them an opportunity of speaking with me. The day being very fine and warm, many were in the ward gardens, which are very well kept and bright with flowers. It struck me that a few more seats might

with advantage be provided near the buildings—for instance, in F Nos. 3 and 4 court.

I had no complaints as to ill-usage or unkindness on the part of the nursing staff, and the appeals for discharge were not numerous, and from none who were yet fit for it.

The patients' dress and personal appearance were satisfactory.

The day rooms and galleries were well kept and were especially bright with flowers, a very good supply throughout the hospital being evident.

The matters referred to by my colleague on his last visit touching the supply of letter paper in the wards and the addition of a live steam jet for cleansing the foul linen tins in the laundry have been attended to.

Since his visit the three bed- and three sitting-rooms for the female sub-officers have been completed and are in occupation. The laying out of a garden attached to them is now being done.

The new male ward No. 8 was brought into use at Christmas, and to-day had 28 male patients in it. It is well adapted for the use being made of it. Gas ovens and fish fryers have been added to the kitchen equipment, and a double-decker oven is being installed.

I saw a good dinner in some of the male wards, consisting of corned beef, potatoes and lettuce, with bread, and followed by baked bread-and-currant pudding. Skimmed milk was given as a beverage. This is purchased from outside, and is not the result of skimming any of the farm supply, the patients getting the benefit of all of this whole milk.

Parole is given to 23 men to go beyond the estate, and 20 other men and 10 women are allowed to walk about the grounds at will.

The mortality rate for the year ended December 31st last was the low one of 5.7 per cent.—7.95 for males, 3.68 for females. All the 37 deaths since the last visit were from natural causes, verified in 21 instances by post-mortem examination. There was one inquest in the case of a woman where death was accelerated by a fracture of the femur caused by a fall from bed. The principal causes of death were pneumonia, heart disease and bronchitis in 6 instances each, general paralysis in 5 male cases, and tuberculosis in 4 instances.

The hospital has been quite free from any epidemic or zymotic disease, and of the 38 men and 38 women whom I found in bed during the course of my visit, the majority were there for rest for mental reasons or on account of old age. Five men and 2 women are now returned as suffering from tuberculosis. They were being nursed on the verandahs, full advantage being taken of these.

There have been 7 cases of fracture of bones, all caused by accidental falls.

There has been no employment of mechanical restraint, but one man and 20 women have been secluded for a total of 2,965 hours in all.

The present nursing staff is as follows:—

						Males.	Females.	Total.
Charge	-	-	-	-	-	16	8	24
Ordinary	-	-	-	-	-	69	84	153
Night	-	-	-	-	-	8	8	16

I found on duty during my visit 37 male nurses and 44 women nurses.

The number of certificated or registered nurses is very good, especially among the men—69 men and 30 women. Ten men and 28 women have also passed the preliminary examination.

A new matron has lately been appointed, Miss Ptolemey; she and her two assistant matrons are both doubly trained.

Dr. Cuthbert has the same three medical colleagues, Drs. G. Somerville, R. M. Macfarlane and R. Levinson. All of them hold the Diploma in Psychological Medicine.

York City Mental Hospital.

January 25th, 1928.

My visit to this hospital has been a very pleasant one; all the suggestions made by my colleague in February of last year have, I am glad to say, received active attention, and the institution continues to be ably and sympathetically managed and administered, with a due regard for the comfort and the well-being of the patients.

I have seen them all, no one made any semblance of a complaint as to treatment, surroundings or diet, and I cannot but think they are on the whole as contented and happy as their circumstances permit.

I found everything in capital order, internal decoration is kept well in hand, a continuous bath has been fitted on the male side similar to that in the women's quarters, and a portable wireless set is now in use, which is evidently fully appreciated.

I was glad to note that mat-making (and with satisfactory results) gives useful occupation to some women in the wards.

Since February 16th, 1927, there have been 49 admissions, 24 have been discharged (of whom 20 had recovered), 4 have been dealt with under s. 79 of the Lunacy Act, and 12 have been allowed on trial, two of whom had money allowances made to them. It is satisfactory to be assured that this question is duly considered, and that such allowances are always made in cases where it is deemed desirable.

The deaths numbered 17, all from natural causes, and no inquests were held. In 11 out of the 17 deaths post-mortem examinations were made.

The mortality rate for the year ending December 31st last was the low one of 5.43 per cent.—males 5.59 per cent., females 5.31 per cent. There were 2 deaths from general paralysis, 3 from tuberculosis (there are at present 5 patients—males 2, females 3, who are suffering from this disease in an active state), and 6 from heart disease. There has been no death from dysentery and the hospital is free from this infection.

The general health of the hospital has been and is good, and the 16 women and 12 men whom I saw in bed were receiving careful nursing. The verandahs were in full use.

There are to-day 159 men and 207 women on the books and in residence, 31 are classed as private, including 14 "Service" and 1 "ex-Service," and 101 are out-county patients, of whom 90 are received under contract from West Hartlepool and 6 from South Shields.

Parole beyond the estate is permitted to 14 men and 5 women, and 15 men and one woman have a more limited freedom within the grounds.

There are open-door wards, and some of the more trusted patients are allowed to sit up beyond the usual retiring hour.

The hospital is practically full.

The maintenance rate for home patients is 24s. 6d., and for private patients from 25s. to 42s. per week.

The diet appears to be a good one, and the dinner I to-day saw served gave evident satisfaction.

There has been no mechanical restraint.

There have been 2 serious non-fatal casualties which call for no comment, both resulting in a fracture and from accidental falls.

The staff consists of:—

Charge male nurses	-	-	6	Charge female nurses-	-	7
Ordinary	-	-	18	Ordinary	-	22

for day, and 4 and 5 respectively for night duty.

Those nurses who are certificated or registered as mental nurses number 12 males and 10 females.

Dr. Hooper is assisted by Dr. E. Doherty.

APPENDIX D.

ENTRIES BY COMMISSIONERS AT REGISTERED HOSPITALS, &c.

Barnwood House, Gloucester.

December 17th, 1928.

I have spent the whole of this morning and part of this afternoon in paying this year's second visit on behalf of our Board.

The electricians are at work wiring the institution and in connecting it with the electric mains of the Gloucester Corporation.

The new dressing-room for nurses and the additional lavatory at No. 3 in the ladies' division are approaching completion.

Despite this work in progress, the hospital throughout is in its customary excellent order, and continues to provide most comfortable and first-rate accommodation for the treatment of various types of mental illness.

The above-mentioned installation of electric light is a highly important step; because, apart from its great convenience, it will doubtless be the forerunner of the provision of a number of medical facilities which the Committee, in pursuance of their progressive policy, will wish to add to the hospital's resources, and which are dependent on the availability of electric current. Among these I would like to suggest for early consideration the fitting up of a room for treatment by ultra-violet radiation; also, though not strictly medical, the provision of a fire-proof chamber exterior to the hall, so as to allow of cinematograph entertainments being given. I have witnessed these being given on many occasions in mental hospitals, and can testify to the great pleasure they afford.

There are other matters, directly or indirectly, connected with this electrical installation, of which mention might be made. No doubt, when he has had further time to consider them, Dr. Townsend will bring them to the notice of the Committee. At this juncture I will merely say that it will be a pleasure to discuss them either here or at our Board's Office.

Since my colleague's visit last April, exclusive of one gentleman and 3 ladies who were certified while here upon a voluntary footing and of one of each sex who elected to remain upon that footing after discharge from certificates, 13 gentlemen and 20 ladies have been admitted; of these respectively 5 and 10 were received as voluntary patients.

Four of each sex have died, in each case from natural causes; among these 8 deaths was the case of a patient who some three months previously had accidentally sustained a fracture of the left thigh, which had united and was not considered at all to have accelerated his decease. It and another similar injury, also accidental in origin, are the only casualties of sufficient importance to require mention.

The foregoing changes, coupled with the numbers representing cases transferred to other care and those who have left or been discharged, leave on the books the names of 61 gentlemen and 89 ladies, of whom 6 of the former and 12 of the latter are voluntary patients and are suitable cases for that footing. With respect to the recently admitted patients who are still here under certificates, I am satisfied that in each case this step for their care and treatment under control has been rightly taken.

One lady is away temporarily at home. Otherwise I have seen and spoken to each of these 150 patients. A considerable number responded, and I had some conversation with all **that** seemed disposed to talk. From only one—and it is habitual with him and part of his delusional state of mind—did I have any complaint as to treatment. From none did I receive any remark betokening grievance at interference with liberty—a somewhat remarkable statement to be able to make in a hospital for mental disorders.

Divine Service is regularly held in the hospital's Church, and is attended by rather more than a hundred of the patients. About the same number attend the associated entertainments; and, again, a like number are said to be usefully employed.

The value of according parole to suitable cases receives full recognition. In pursuance of this practice some 20 per cent.—a distinctly good proportion—including about 8 of each sex, are allowed to walk out unattended beyond the grounds. Numerous drives are arranged for many of the patients.

The average weekly cost of maintenance is £4 19s. 11d. a head. A few patients are received gratuitously or at low sums. Including these cases and those whose payments vary between two guineas and the cost of maintenance, it may be said that 40 per cent. do not pay more than the bare average cost.

Under the matron and chief male nurse, the nursing staff consists of 33 male nurses and 43 women nurses—none of the latter being employed on the male side. Of these, 4 of the former and 9 of the latter are on duty every night. By day—of the men, 23 are available in the mornings and 18 in the afternoons and 26 of the women nurses are similarly available. Judging by the comparatively few who have been in the service less than a year and by the number of those who have been here at least five years, the stability of the staff must be good; and, as a mark of their earnestness of purpose, it is pleasant to note that no less than 63 per cent. of the men and 41 per cent. of the women are certificated in mental nursing.

As resident medical colleagues, Dr. Townsend now has Dr. J. K. C. Liddell (deputy superintendent), who succeeded Dr. Waldo on his appointment as superintendent to the Notts County Mental Hospital, and Dr. S. D. Povey. The medical staff also includes a visiting physician, surgeon, pathologist and dentist.

Bethel Hospital, Norwich.

August 11th, 1928.

With one exception, the arrangements at this hospital are such as to satisfy me that the ladies and gentlemen are well cared for and supervised. I had no complaints of any kind and the patients are evidently receiving kindly attention and the few in bed are in receipt of careful nursing. I do not, however, consider that the toilet arrangements on the gentlemen's side are such as they should be. In No. 2, there are but two brushes and combs for 9 gentlemen and in no. 1 the arrangements are not much better. It did not appear to me that proper supervision is given in these matters, and the head attendant appears to have no knowledge as to any details in regard to No. 2. This can easily be remedied and I doubt not that it will receive attention.

As a result of the changes amongst the patients, including 4 discharges (3 on recovery) and 4 deaths from natural causes, there are on the books 15 gentlemen and 50 ladies; two ladies are on leave or trial, leaving in residence 15 gentlemen and 48 ladies, whom I have seen, with the exception of the two ladies absent on leave or trial, and one gentlemen out for the afternoon.

There are also on the books as voluntary boarders 13 gentlemen and 15 ladies—4 of the latter are at present away and, subject to my remarks in the patients' book, they may remain as such.

Thirty-two patients attend Divine Service, 42 the entertainments—10 patients and boarders have full and 8 a more limited parole, whilst 21 go out under care and 9 are taken for drives. There are 8 male and 15 female nurses for day and 1 and 2 respectively for night duty.

The health of the hospital is good. Dr. Fielding is absent on leave, but I received all due assistance from Miss Oxley.

Bethlem Royal Hospital, London, S.E.

December 27th, 1928.

Since one of my colleagues and I were here last June, the following changes among the patients have taken place : exclusive of 3 ladies and 11 gentlemen who were certified while in residence here and of 7 gentlemen and 2 ladies who elected to remain here as voluntary patients after discharge from certificates, 46 gentlemen and 71 ladies have been admitted ; and, of these 117 new admissions, 77, or no less than 65 per cent. were received as voluntary patients. Nineteen patients have been transferred to other care, 54 have either been discharged or left, and 13 have died.

These changes leave on the books the names of 90 gentlemen and 106 ladies, of whom, respectively 53 and 56 are voluntary patients. Of the institutions at which, under the existing law, patients can be received upon a voluntary footing, there are not a few at which the voluntary admissions nearly equal or outnumber those received under certificates, but it is a somewhat remarkable statement to be able to make, and is a sign of modern conditions and of a happily much changed outlook, that as many as 56 per cent. of the total patients on the books at Bethlem are under treatment at their own consent. That fact and the appreciatory remarks I received from many patients on both sides of the hospital, including some who are just leaving, speak well for the general contentment of the patients and for their confidence in the treatment they receive.

Nine patients, including 7 voluntary cases, are either away or on leave, and one gentleman (who has his parole) was out. Thus, the number I have seen in the course of my visit to-day is 186, to each of whom I have spoken and with a number of whom I have had considerable conversation, including three private interviews.

With respect to those received here since the last visit by Commissioners, and who are still here, I am satisfied, as to those cases who are here under certificates, that this step has been rightly taken, and in only two of the total voluntary patients in residence have I any doubt as to their suitability for this status.

All the 13 deaths were from natural causes, and in 8 instances were followed by post-mortem examination. It is satisfactory to find how frequently points of interest in these examinations are followed up afterwards in the laboratory ; and certainly not less so to know how systematically laboratory help is used in investigating newly admitted cases.

Apart from the use of padded gloves in three cases, there has been no mechanical restraint employed. In relation to treatment, and in discussing what is being done in certain instances, I could not help thinking that ultra-violet radiation might prove of great service to some of these patients, and that, without waiting for the removal of Bethlem to its new site, the means which already exist here for this treatment might easily be developed.

Parole beyond the grounds is given to 5 patients, rather more than a score walk out attended, and about 30 go out weekly for drives.

Divine Services are attended by between 30 and 40, the associated entertainments by about 80, and 62 are said to be usefully employed.

All the wards struck me as comfortable and warm, and it was pleasant to see that dependence is not placed wholly on the radiators for warmth, but that a number of open fires were burning. Evidently, much pains have been spent on decorating the wards for Christmas and the result is distinctly pleasing.

Under the matron and chief male nurse, the nursing staff consists of 34 male and 40 women nurses. Of these, 7 and 5 respectively are on duty each night, and 27 and 35 by day. No woman nurse is employed on the male side, which seems a pity. One half of the male nurses and 35 per cent. of the women are certificated in mental nursing.

The weekly average cost of maintenance is £4 17s. a head. That no patient is paying more than £3 3s. per week, and that no less than 37 per cent. are received gratuitously, are interesting facts. They bring into strong relief the immense amount of timely charitable help rendered by this ancient Foundation.

Dr. Porter Phillips has to assist him as resident medical colleagues, Dr. Murdo MacKenzie (senior assistant physician), and Dr. David Robertson; and Dr. P. Cluver and Dr. D. Curran are the House physicians. In addition, there is a pathologist, Dr. Clement Lovell, and a strong staff of visiting consultants in special branches of medicine and surgery.

Bethlem Convalescent Home, Witley.

July 19th, 1928.

Visiting this morning I found in residence 2 lady and one gentleman patients and 3 lady and 11 gentleman boarders, a total of 17 in all. The gentleman patient was out, but I saw all the others and had private conversations with most of them.

They were most contented with their surroundings and grateful for all that is being done for them, no one making any sort of complaint.

The house was in its usual good order and the gardens were well kept.

Bootham Park, York.

December 14th, 1928.

Since the last visit of one of my colleagues to the hospital a considerable number of improvements and alterations have been carried out which greatly add to its amenities and increase its facilities for the treatment of the patients. These include the conversion of the old dining room into an admirably floored recreation-hall; the creation, not yet completed, of a new dormitory for 8 patients attached to female ward 5 with bathrooms, etc., including, I understand, a "Dauer-bad" or prolonged bath for the treatment of restless and other suitable cases, and a verandah; much re-decoration and furnishing; additions to the house of the medical superintendent, and the conversion, now completed, of the old skittle-alley into a dining-room for male patients. I have to-day found the hospital in capital order; warm, comfortable, clean and tidy everywhere. I was especially pleased with the numerous small day or sitting-rooms, each with its comfortable armchairs and coal fire. I found the patients quiet, well behaved, generally very contented and in receipt of every care and attention; the sick well nursed and tended, and those able to be up and about were provided with means of amusement.

Since last visit 4 gentlemen and 8 ladies have been admitted as patients; one gentleman patient and 2 ladies have been transferred to other care; 2 gentlemen and 5 ladies have been discharged from certificates, of whom 2 of the gentlemen and 3 of the ladies had recovered; whilst one gentleman and 4 ladies have died. There are then to-day on the books the names of 41 gentlemen and 39 ladies as certified patients all being in residence.

During the same period 6 gentlemen and 20 ladies have been admitted as voluntary boarders whilst 10 gentlemen and 20 ladies have left, these last named including 2 gentlemen and 5 ladies who required certification and were admitted as patients. One voluntary boarder, a gentleman, has died. There are to-day 3 gentlemen and 10 ladies resident as voluntary boarders.

Twenty-five of those resident attend Divine Service on Sundays and 36 attend the various associated entertainments. No less than 40 are able to employ themselves at some useful occupation.

The general health has been good since last visit and no disease of an epidemic or zymotic nature has occurred. It is gratifying to record that

there has been no instance whatever of either mechanical restraint or seclusion. I gave particular attention to the newly admitted and found them all rightly held under care and control. I saw and spoke to every patient, including all the voluntary boarders, all of whom may remain on that footing, though I think in one case, a gentleman admitted only yesterday, the position should be reconsidered in 4 weeks' time.

The total nursing staff consists of 25 male and 29 female nurses, of whom 13 of either sex are certificated as mental nurses.

The average cost of maintenance per head per week for last year was £5 0s. 3³/₈d.

Dr. Minski, who accompanied me during most of my visit to the wards and dormitories, showed a close knowledge of all the cases, and I was sorry to learn that he is leaving to take up special study in London.

The Coppice, Nottingham.

October 11th, 1928.

Since this hospital was visited in March last 14 ladies and 5 gentlemen have been admitted ; 3 of each sex have been discharged, of whom 4 had recovered ; and 3 ladies and 4 gentlemen have died from natural causes. These changes leave on the books the names of 48 ladies and 36 gentlemen, a total of 84 patients, and all were in residence and were seen by me to-day, except two ladies and 1 gentleman who were away on trial. There were also in the hospital 2 ladies and 1 gentleman on the footing of voluntary boarders who may properly remain as such.

I found all in residence to be comfortable, contented with their surroundings, and to be receiving all proper care and attention. Their sitting rooms were well warmed and their quarters generally were kept in excellent order, the matter to which attention was drawn at the last visit having been remedied.

I noted considerable improvement in the case of four ladies and satisfied myself that the new cases still in residence are, for the present, properly detained.

Ten patients, 6 gentlemen and 4 ladies are allowed parole beyond the estate and three others of each sex within the grounds. Some 20 patients are taken for country drives, and the great majority attend the winter associated entertainments.

A considerable quantity of redecoration has been done on both sides of the building with pleasing effect, and new carpets have been laid in two of the galleries.

The staff consists of 14 male and 20 female nurses for day, and of 3 male and 5 female nurses for night duty.

The average cost per head is £4 3s. 2d. per week. One per cent. of the patients are received without payment ; 3·5 per cent. pay more than 21s. per week ; 2 per cent. from 21s. to £2 2s. ; 66 per cent. from £2 2s. up to and including the cost of maintenance ; and 30 per cent. pay over the maintenance cost.

Morton Hall, Oulton Broad.

August 14th, 1928.

I have seen 6 of the 7 ladies who are here for a change ; the other lady is out shopping with a nurse. The house is throughout in excellent order and the ladies appear to be well pleased, as they may be, with their country quarters. None of them is very communicative and all seemed chronic in type. They walk about the garden and are taken for drives three times a week.

Coton Hill Hospital, Stafford.

November 8th, 1928.

Since my last visit to this hospital in March of this year 19 ladies and gentlemen have been admitted, 4 have been transferred to other care, 11 have been discharged (8 upon recovery) and 10 have died, all from natural causes. In addition to the above numbers 1 gentleman and 3 lady boarders have been admitted and 1 gentleman boarder has left. These changes leave on the books the names of 40 gentlemen and 79 lady patients and 2 gentlemen and 6 lady boarders—a total of 127. The boarders are, I think, proper cases to remain here for the present on a voluntary footing.

I paid particular attention to the cases admitted since the last visit and am of opinion that they are properly under care and control.

I gave private interviews to a lady and gentleman whose names I have entered in the patients' book. I found the ladies and gentlemen well looked after and, for the most part, happy and contented. Of those in bed none were suffering from acute sickness, and the majority were either senile cases or those whose mental condition required rest in bed.

The house was well-kept on both sides and a considerable amount of decorating has been and is being done, and some new carpets have been laid in some of the corridors. There has been no seclusion or mechanical restraint.

About 2 gentlemen and 10 ladies generally attend Divine Service on Sundays, and about 6 gentlemen and 33 ladies attend the associated entertainments. Two gentlemen and 7 ladies enjoy full parole beyond the grounds and 5 ladies within the grounds. One gentleman and 26 ladies enjoy carriage exercise.

There has been no epidemic or zymotic disease since the last visit.

The staff consists of 14 male and 20 female nurses by day and 3 and 4 respectively by night. Thirteen male and 7 female nurses have over five years' service, and 8 male and 6 female nurses are certificated in mental nursing.

The average cost per head per week last year was £2 13s. 8d. The percentage of patients paying up to and including £1 1s. per week is 1·7, from £1 1s. to £2 2s. per week 29·4, from £2 2s. to cost of maintenance 19·3, and above the cost of maintenance 49·6.

Holloway Sanatorium, Virginia Water.

November 23rd, 1928.

We have to-day paid the second visit of the year to this hospital and are glad to report that it continues to be well maintained, and to afford excellent accommodation, and means for treatment of the gentlemen and ladies residing there:—

	Males.	Females.	Total.
Patients admitted	12	16	28
transferred to other care	2	5	7
discharged	—	9	9
of whom recovered	—	8	8
died	4	4	8
Boarders admitted	13	10	23
left	6	5	11
died	4	—	4

There are now on the books the names of 128 gentlemen and 205 ladies as patients, and of 18 gentlemen and 19 ladies as boarders. One patient of each sex is away on trial, and 6 gentlemen and 19 lady patients, and 2 gentlemen and one lady boarder are on leave at Canford Cliffs. We have

seen all the remainder—340—who are in residence in the main hospital, and Holly Cottage, and found them in receipt of proper care, attention, and skilled nursing where necessary. We gave a private interview to one gentleman, who has been admitted since our last visit, as well as paying special attention to the other new cases who are now in residence. They are all proper subjects for detention, and the voluntary boarders fit to remain on that footing.

The general health of the hospital is, and has been during the summer good, no instance of zymotic or epidemic disease having occurred. With one exception the 12 deaths were from natural causes. In the excepted case an inquest was held, and the circumstances fully reported and considered by our Board at the time. It was the case of a gentleman boarder who was accidentally drowned by falling through a sudden heart attack into a bath of water.

Eleven ladies have been secluded on various occasions amounting to 504 hours and one lady has been mechanically restrained once for $3\frac{1}{2}$ hours.

Parole beyond the estate is given to 12 gentlemen and 17 ladies and 35 other gentlemen and 15 other ladies are allowed out by themselves in the grounds.

Divine Service on Sundays is usually attended by 38 of the gentlemen, and 50 of the ladies ; and 62 gentlemen and 131 ladies are generally present at the associated entertainments.

The galleries and sitting rooms are very comfortable and well kept, a good deal of redecoration having been carried out. We were glad to notice that letter boxes have been provided in each ward, and that the ventilation in the dormitories over sections 6 and 7 have been improved. These dormitories are now in the hands of the decorators.

We suggest that in the medicine cupboards the poisons and outward applications should be kept in a separate locked compartment from the other medicines.

The therapeutic department is nearing completion, and the new nurses' home has been roofed in.

A strong nursing staff is maintained, there being 76 male nurses and 71 female nurses for day duty, and 14 of each sex for night duty. Thirty-seven of the men, and 26 of the women are certificated in mental nursing.

The average cost of maintenance per head as last ascertained was £5 4s. 1d. 3·2 per cent. of the patients are received gratuitously, 1·4 per cent. pay up to 21s. per week, 6·2 per cent. from that sum to two guineas, 28·4 per cent. from two guineas to the cost of maintenance and 60·8 per cent. pay over the cost of maintenance.

Dr. Devine has the same four medical officers.

St. Ann's, Canford Cliffs.

November 12th, 1928.

In the absence of the Matron, who, I regret to learn, has been sick, I was accompanied by Miss Martin, assistant Matron, during my visit to-day. I found everything in excellent order and the patients comfortable and in receipt of every care and attention. There are 19 ladies and 9 gentlemen in residence, 4 of whom—3 gentlemen and one lady—are on a voluntary footing. Two of the voluntary boarders were out at my visit but later the lady voluntary boarder returned and had some conversation with me.

Two ladies were in bed with slight colds at my visit and one gentleman very gravely ill in the terminal stages of pulmonary tuberculosis. Otherwise, all the patients were in good health and very contented with their surroundings.

The staff consists of the Matron ; one Sister acting as Deputy-Matron ; and 11 female nurses, two of whom are on night duty and 3 male nurses.

The Lawn, Lincoln.

November 10th, 1928.

Dr. Shortt left in March and has been succeeded in the position of medical superintendent by Dr. Mary R. Barkas, who took on her duties on the 31st of that month. I have to-day found the hospital in very good order, but there is a single room in the gentlemen's wing which requires some attention.

I am glad to note that the nurses' quarters, which are in many ways inadequate, have been improved by the addition of a bathroom and the conversion of one room into a sitting room—a much needed addition.

The conversion of the disused male ward into an admission ward for ladies is in process, but cannot be brought into use until the verandah now in process of construction has been completed.

The ladies and gentlemen are receiving due care and supervision and those requiring bed treatment are being suitably nursed.

I have seen all those in residence except one lady who was out at the time of my visit. One gentleman and two ladies show mental improvement.

Since the last visit 6 gentlemen and 7 ladies have been admitted, there have been 6 gentlemen and 9 ladies discharged, 8 on recovery, and one gentleman and 3 ladies have died from natural causes. There are on the books 14 gentlemen and 39 ladies and one of each sex is on leave. There are also 3 gentlemen and 11 ladies residing here as voluntary boarders—one of the ladies expresses a wish to go and cannot remain in that position. The newly admitted cases are rightly detained.

There has been no seclusion or mechanical restraint.

Divine Service is usually attended by 21 patients; 27 are present at the entertainment and 17 are usefully employed—13 in rug making. Eleven patients walk out under care and 19 have carriage exercise.

The staff consists of 8 male and 17 female nurses for day duty and 2 and 3 respectively for night duty. The Matron who has been lately appointed is doubly qualified.

The average cost of maintenance per head per week last year was £3 19s. 9d. No patient is received gratuitously. Those paying up to and including 21s. per week number 3.03 per cent., between 21s. and up to £2 2s. (inclusive), 21.21 per cent., 33.33 per cent. pay over £2 2s. and up to and including cost of maintenance, and 42.43 per cent. pay over the maintenance cost.

Manchester Royal Hospital, Cheadle.

October 17th, 1928.

We have to-day visited this hospital and have found it well maintained and very comfortable, and we believe that the patients here are in receipt of proper and kindly nursing and medical care and attention.

Since our last visit in the early part of the year a number of lavatory basins have been fixed in the dormitories on the gentlemen's side, and a continuous bath has also been added on this side. A bathroom, lavatory basins and w.c. are now being erected leading out of the gentlemen's sick room and a bathroom and hand-basins are being made in the ladies' second gallery. Some redecoration is also taking place in the North House. The changes that have taken place since last we were here have left on the books the names of 85 gentlemen and 176 ladies, in all, 261 patients. There are, in addition, 21 gentlemen and 23 lady boarders. Six ladies and one lady boarder are now away on leave and 25 ladies and 8 gentlemen are now at Glan-y-Don. The numbers at Glan-y-Don include 2 lady and 4 gentlemen boarders.

We believe that we have seen the 272 ladies and gentlemen who are now in residence and have spoken with all who desired to do so. The new patients are in our opinion properly detained, but of the boarders

there are 2 gentlemen and 5 ladies who, we think, are not fitted to remain here on a voluntary footing and they must be removed or certified, and there are two more ladies who must be removed or certified unless there is improvement in their mental state within a reasonable time.

One of us gave a private interview to a lady at her request.

Of the 23 deaths that have taken place all were from natural causes.

The nursing staff consists of 48 males and 59 females, of whom 8 men and 12 women nurses are detailed for night duty. Seven men and 13 women are certificated in mental nursing.

In addition to the main building and the North House we visited the villas which are now occupied and found them most comfortable.

Glan-y-don, Colwyn Bay.

May 30th, 1928.

I have to-day visited this house—Glan-y-don—and have found everything in very good order. There was no one in bed in either house, and most of the patients were taking advantage of the fine weather and sitting or strolling in the garden.

There are in residence to-day 5 gentlemen and 18 ladies at the "Hall" and 8 ladies at Glan-y-don, but of these, one lady and one gentleman were out with their relations, 2 ladies had gone to the cinema, and one lady and one gentleman were out walking at the time of my visit.

I saw that there are plenty of books here for the patients, and that other amusements—wireless, pianos, gramophones, jig saws, etc.—are provided for their entertainment. Those that are able go to Divine Service, and others, if they wish it, hear service on the wireless. The Vicar of the Parish visits here constantly. To-day the patients seemed happy and contented and from no one did I receive any complaints of any sort.

I am sure the patients here are receiving proper medical and nursing care and attention.

The Retreat, York.

December 14th, 1928.

Since my colleague visited this hospital in January, 11 months ago, the following numerical changes have occurred: Seven gentlemen and 26 ladies have been admitted as certified patients; one gentleman and 6 ladies have been transferred to other care; 3 gentlemen and 9 ladies have been discharged, of whom 2 gentlemen and 3 ladies had recovered; during the same period 4 gentlemen and 8 ladies have died.

These changes leave on the books the names of 54 gentlemen and 108 ladies, or 162 patients in all, of whom 9, 2 gentlemen and 7 ladies, are on leave or trial, leaving 52 gentlemen and 101 ladies in residence to-day as certified patients.

In addition to the foregoing changes, 34 gentlemen and 43 ladies have been admitted as voluntary boarders; 31 gentlemen, and 39 ladies have left, though these numbers include 5 ladies who have been certified and remained as patients. One lady voluntary boarder has died, and there thus remain on the books the names of 21 gentlemen and 28 ladies on a voluntary footing, and all are in residence to-day.

With the exception of one gentleman and one lady, both of whom were out for the day, I have seen all of the ladies and gentlemen in residence during my tour of the hospital. I have found the hospital throughout in excellent order; most comfortable and cheerful, and admirably conducted in the best interests of the ladies and gentlemen under care and treatment. The general quiet contentment of the patients and friendly atmosphere have greatly impressed me.

I gave particular attention to the newly-admitted patients, whom I found rightly detained under care and control, and also to the voluntary boarders, all of whom, with one or two exceptions, whose names I have entered in the patients' book, may remain on that footing.

I gave a private interview to one patient, a gentleman, who desired his discharge from certificates, but I regret that he is not yet fit for discharge.

No patients have been secluded since last visit, but one lady patient has required mechanical restraint on no less than 17 occasions for a total duration of 347 hours, to prevent self-injury and harm to others. I enquired closely into this case and satisfied myself as to the necessity of restraint in this case.

The general health has been good since last visit; seven cases of mild paratyphoid fever occurred on the ladies' side, but otherwise no disease of an epidemic or zymotic nature has occurred, and all the deaths were from natural causes.

Sixty-two of those in residence attend Divine Service on Sundays, and about the same number the varied associated entertainments. Forty-six employ themselves usefully, and the occupational therapy department is carried on to the advantage of the patients taking part.

The staff of nurses consists of 24 male and 49 female nurses by day, and 5 male and 16 female nurses by night.

The average cost of maintenance per head per week was £5 2s. 10d. Two casualties have been recorded since last visit. In one case, a lady patient slipped on the steps of a hall when attending a lecture, and incurred a fracture of one forearm; and in the other case a lady patient, who had succeeded in obtaining a safety razor blade, inflicted superficial injuries on her own throat, which, however, healed rapidly.

As is already widely known, Dr. Yellowlees will, four months hence, vacate the post of medical superintendent of this hospital, which he has so ably filled, to take up the important one of physician for Mental Diseases and Lecturer on Psychological Medicine at St. Thomas's Hospital in London. Whilst tendering him my congratulations and good wishes on his new work in a sphere for which he is eminently fitted, I am sure I am expressing the feeling both of my Board and those with whom he has been associated here, and of none more than the patients and staff of the hospital, in saying that his translation to London will be appreciated as a great loss. Dr. Yellowlees will be succeeded by Dr. Neil Macleod, who has been deputy superintendent here for five years.

St. Andrew's Hospital, Northampton.

December 13th, 1928.

Our visit, which occupied us throughout a long day spent here yesterday, and which has been completed this morning has proved, as we anticipated would be the case, a very interesting one to us; more especially as one of us has not before seen this hospital.

Without attempting to enumerate the many points of interest which we have noticed we may mention two points that have much impressed us. The first is that every part of the hospital without exception is in first-rate order, most comfortable, and by its fourteen wards in the main building and by its six detached residences and by the seaside branch at Bryn-y-Neuadd, provides the best kind of accommodation to meet the varying needs of mental illness. The second is the far-reaching value of the new reception unit, known as Wantage House, in which we spent some time, and to the details of administration, both medical and general, we gave close attention. We know of no line of treatment for mental illness which is not available in this unit; and it is with the greatest satisfaction that we have seen that full use is being made of these medical resources available both in the various treatment rooms and in the well-equipped laboratories. It has also been apparent to us—and this we regard as very

important—that the value of this reception unit is by no means confined to the 41 patients we saw under treatment there, but that it is having a stimulating influence throughout the whole of the hospital.

It is only since our arrival that we have learnt that plans of the proposed new nurses' home have been sent to our Board's Office. Of this we are glad to know and we feel sure that this home will prove another notable step in the progress of the hospital. In the face of the knowledge of this and other contemplated expenditure on the part of the Committee we feel no little hesitation in mentioning yet another need which seems to us called for in order to render the arrangements still more complete. We have in mind the provision of two small units, one for gentlemen and one for ladies, to serve as convalescent homes, ancillary to Wantage House. The need for these two small units was vividly impressed on us by what we saw at Wantage House and especially by seeing the overflow use being made there of some of the rooms not originally being intended for patients. We feel sure the Committee will give our suggestion, made as we say with some hesitation, at least their sympathetic consideration. Perhaps we should add that, in all instances in which our Board has advised the provision of an admission hospital, it has always been coupled with the contemplation of convalescent homes as adjuncts.

Among other improvements finished, in progress, or contemplated, we may mention smoke consumers at the enginehouse, and a steam oven at the bakehouse as recently provided; shower baths in the course of provision at the sports pavilion; and as under consideration a verandah at No. 6 ward, which is one of the sick wards on the male side; a new mortuary; and additional clinical rooms on both sides. For the last item, whose provisions we are sure will be a boon, tenders have been invited.

A number of ladies in the wards were occupied with needlework and embroidery, and on the gentlemen's side many find occupation in the garden and on the farm. On both sides some of the better patients possess allotment gardens of their own. The importance of occupation is fully realized and we believe that the attempt to interest and occupy some of the patients who are not at present well enough for skilled work will gradually be further developed.

Since the visit by Commissioners last March, exclusive of two of each sex who upon discharge from certificates remained upon a voluntary footing, and of one gentleman and 3 ladies whose certification took place in the hospital, 60 gentlemen and 74 ladies have been admitted. Of these 134 admissions it is of interest to observe that 72 (i.e., 54 per cent.) were received as voluntary patients. There have been 27 deaths (males 13, females 14); all were from natural causes with the exception of one case of suicide and another acceleration by shock from burns, both these occurrences taking place while the two patients in question were absent on trial.

These changes and those represented by patients leaving at their own request and others discharged or removed to other care leave on the books the names of 232 gentlemen and 289 ladies, 521 in all—the largest number we recall recording here before. Of these, 23 gentlemen and 10 ladies are on leave or trial or otherwise absent. Thus the numbers in residence are 209 gentlemen and 279 ladies.

Included in these 488 names are, besides one lady boarder residing at Boughton Lodge with her husband, those of 67 voluntary patients (31 gentlemen and 36 ladies) for which status they seemed to us suitable cases.

We gave private interviews to one gentleman and to 6 ladies, all of whose cases we have discussed with Dr. Rambaut, but in none of which is any action necessary except some enquiries we have promised to make in one case. Several of these patients, as well as many others, expressed their appreciation of all that is and has been done for them.

Parole of the grounds is accorded to 30 gentlemen and 37 ladies, and 15 and 21 respectively may leave the grounds unattended. Thus as many

as 21 per cent. may be said to be accorded this much valued privilege. The large number of 235 are taken out at least once a month for drives.

We perused the entertainment list. From this it is clear that seldom a day passes without some event of this nature. We also noticed the care taken to post up in advance the musical and other items of the Church services.

The nursing staff comprises 109 male nurses and 118 women. Of these, 64 of the former and 70 of the latter are on duty each day, and 11 and 12 respectively by night. Five of the women nurses are employed in nursing male patients. Some 50 per cent. of the male and 18 per cent. of the women nurses are certificated in mental nursing, proportions which are creditable to the efforts made in this direction.

The average weekly cost of maintenance a head last year was £4 16s. 1d. Only 30 per cent. of the patients pay sums above this amount. It is therefore clear that a great deal of financial help is rendered at a time when it is often severely needed.

Dr. Rambaut continues to have the assistance of Dr. Phillips as deputy superintendent, and of Dr. Ford Robertson as pathologist and in charge at Wantage House. Dr. D. J. O'Connell has been appointed second assistant medical officer since our last visit.

Bryn-y-Neuadd, Llanfairfechan.

May 30th, 1928.

I have to-day visited this house and have seen all the ladies (28) and gentlemen (19) but 2 ladies who were out walking and golfing respectively and one gentleman who was out on parole.

The ladies and gentlemen seemed to be very well looked after and to be as happy as their mental state permits.

The house was in excellent order, much redecoration having taken place in the bedrooms and corridors.

Great attention continues to be paid to the amusements of the patients, and tennis, croquet and bathing parties are arranged for them and frequent charabanc drives and motoring take place.

I visited also the villa where two patients are now living, but one of them was the lady mentioned above as being out walking.

Only one gentlemen was in bed, resting, and 2 ladies, one with heart trouble, and one in the villa resting.

I gave private interviews to 2 ladies whose names I gave in the patients' book.

I am satisfied that the patients here are properly and kindly looked after and that everything is done for their happiness and welfare.

I noticed quite a good collection of books on the gentlemen's side, but on the ladies' side what there were, were locked up. I think the destruction of the books would not be great if they were put in shelves where the ladies could get at them when they feel inclined. I hope the Committee will be good enough to consider the question raised by my colleague at the last visit, namely, the desirability of holding Divine Service in the house occasionally. There may be patients who are too unwell to be taken to the Parish Church, but who set great store by attending service.

The Warneford Hospital, Oxford.

August 22nd, 1928.

Since I visited in January last 5 ladies and 3 gentlemen have been admitted ; 4 ladies and one gentleman have been discharged, of whom one of each sex had recovered ; and 3 ladies and 4 gentlemen have died from natural causes.

These changes leave on the books the names of 45 ladies and 38 gentlemen patients, and, except for 2 ladies and 3 gentlemen who were on trial, all were in residence.

There are also residing in the house as boarders 12 ladies and 5 gentlemen and, with the exception of one lady, who is unable to understand her position, all may properly remain as such.

I saw all in residence, either in their rooms or in the gardens, and found them to be very contented with their surroundings and to be receiving all proper care and attention.

In my opinion all the recently admitted cases are properly detained, but I thought that a lady whose name is mentioned in the patients' book might be discharged from certificate and be allowed to remain as a voluntary boarder. I had private interviews with 2 other ladies and 2 gentlemen, but none of those are fit to be discharged.

There has been a considerable increase amongst those who are taken for drives, as now 24 ladies and 14 gentlemen have this enjoyment as compared with 10 ladies and 4 gentlemen at the last visit.

The patients' rooms and their annexe were all in good order and the gardens were well kept. I pointed out the necessity of keeping all fire escape doors free from any kind of obstruction.

The notices posted up in the various rooms with regard to the patients' rights of correspondence, etc., are still in the old forms. I hope an alteration of these will be made in the near future.

There has been no use of mechanical restraint or seclusion. A small house adjoining the estate has recently been purchased and is now about to be altered and added to in accordance with plans which are before my Board. Its use has not yet been decided upon.

In Dr. Neill's absence Dr. Bickerstaff conducted me round the hospital and gave me all necessary information.

Wonford House, Exeter.

August 13th, 1928.

It was with great regret that on my arrival at the hospital this morning, I learnt of the death of Dr. A. W. Cadman, F.R.C.S., who for about four years has rendered excellent service as assistant medical officer. His death took place the day before yesterday, Dr. Eddison, who was away on holiday, has of course returned to duty, and having regard to the inevitable difficulties of the moment, I am indebted to him for the help he has given me in the course of my visit.

Several valuable improvements have been effected and others are in progress. Better accommodation, in the form of a flat, has been provided for future holders of the post of assistant medical officer. A laboratory has been provided by the adaptation of an existing room near No. 1 ward on the male side, it is in progress of being equipped, and though not very large, it will doubtless prove a valuable adjunct.

Some seven rooms have been redecorated, and similar work in relation to other rooms will shortly be taken in hand. External painting is now in progress, and new locks are being fitted throughout the male side. On the ladies' side, A1 ward is about to be partly refurnished and redecorated, and otherwise adapted, as an admission ward for about 8 beds; and, in connection with it the erection of a verandah, plans of which have been approved, is just about to be commenced.

This will enable the treatment in bed of newly admitted patients to be carried out in the open air.

I had some conversation with Dr. Eddison as to whether, while these alterations to this ward are in hand, it would not be possible to instal a "continuous bath" and certain other simple apparatus for hydrotherapy.

Since my colleague's visit last April, 4 gentlemen and 7 ladies have been admitted, of whom one lady and all except one of the gentlemen were voluntary patients. One gentleman has been transferred to other care.

One gentleman and four ladies have been discharged or have left ; and one lady has been certified who was upon a voluntary footing. One gentleman and three ladies have died, death in each case being from natural causes.

These changes leave on the books the names of 52 gentlemen and 82 ladies, of these, 4 of the former and 8 of the latter are voluntary patients, for which footing they appear to be suitable cases. I had also no doubt, with regard to the newly admitted patients under certificates, that this step for their treatment under care and control has been rightly taken.

Four gentlemen and 14 ladies are away on leave or trial or (in the cases of 3 voluntary patients) by their own wish. There are thus 48 gentlemen and 68 ladies in residence, all of whom I have seen to-day, with the exception of 3 of the ladies. With these 3 exceptions, I spoke to every one and had lengthy chats with a considerable number.

They struck me as remarkably contented and free from excitement ; and their general appearance, even as respects those whose habits are defective, was tidy and indicative of much individual attention on the part of the staff. In the cases of 4 of the ladies, seclusion has been employed, but only for quite brief periods.

Divine Service is held in the Chapel twice on Sundays by the Vicar, who also reads morning prayers daily. These services are attended by about 43, in nearly equal proportions as to sex ; and a like number, or perhaps a few more, attend the associated entertainments. About 30 are taken out for drives, each of these patients being taken in turn four times a month.

Seven of the gentlemen and 20 of the ladies employ themselves at some useful form of occupation.

I wish it could be found possible materially to increase their numbers ; I am aware, however, that proportionately they are not less than those which obtain in other similar hospitals.

Parole is accorded to 14 of the gentlemen and 9 of the ladies, and in the cases of 6 of the former and all but one of the latter, this privilege—which always promotes contentment and thereby materially aids treatment—extends to their being allowed to walk out beyond the grounds.

These grounds are in capital order and, generally speaking, are looking very attractive. The two enclosed courts, belonging to ward 4 on each side, strike me, however, as looking very bare. I have made some suggestions to Dr. Eddison about them, to which I feel sure he will give sympathetic thought.

Under the matron and the chief male nurse, the staff consists of 23 male and 31 women nurses. Three of the former and 5 of the latter are on duty each night. Allowing for only weekly leave, this would seem to leave not more than 14 on the male side and 16 on the female side on actual duty during the daytime—none too many in a hospital such as is this one. Three of the men and 5 of the women nurses are certificated in mental nursing.

The average weekly cost of maintenance a head last year was £3 13s. 6d. Including a few patients who are maintained gratuitously, 16 per cent. do not pay more than two guineas a week ; and 30 per cent. pay sums above that amount but not above the average cost. It is clear, therefore, that a considerable amount of timely help is given here, which cannot be otherwise than much appreciated.

Plantation House, Dawlish.

July 24th, 1928.

I have this afternoon paid a visit to this branch house of Wonford House, where there are at present the names of 3 gentlemen patients, 11 lady patients and 3 lady boarders on the books as on leave from the main hospital. One gentleman is away on leave of absence, and one gentleman is out for the afternoon.

I have seen all the others, and found them in comfortable surroundings and in receipt of proper care and attention.

With the exception of about 3 of the ladies, the others are more or less permanent residents here throughout the year.

It seems a pity that the house cannot be more used as a change of residence, and for a holiday visit for more of the patients at Wonford House.

Two new rooms are being built on the top of the billiard room, about 18 feet by 16 feet each. The house will then have comfortable accommodation for 3 gentlemen and 17 ladies.

The house is well maintained in a decorative state, some repainting and repapering having recently been carried out.

The staff under Miss Nicholls, the matron, consists of 3 nurses, cook, 2 housemaids, and chauffeur attendant.

Royal Military Hospital, Netley.

June 12th, 1928.

I have to-day visited the mental wards of this hospital and am pleased to say that I found them in excellent order and the patients in receipt of every proper care and attention.

Since my colleague's visit last May an open-air verandah for the treatment of acute and other suitable cases has been erected and is in daily use; bed-side tables have been furnished for convalescent cases and the ventilating system for the padded rooms has been improved. A good deal of internal redecoration has been carried out, and no doubt the kitchen will shortly receive the attention of which it stands in some need both as regards walls and flooring.

I saw and spoke to each of the 43 patients in residence to-day and found them comfortable, generally contented and for the most part in excellent bodily health and condition. As D block functions largely as a clearing hospital the average stay of the patients is seldom protracted. Nevertheless, the recovery rate is a high one. Thus during the year 1927, which opened with 35 patients in the mental wards, 171 were admitted and during the same period 62 were discharged as recovered; four were returned to duty recovered; 6 were sent to other hospitals recovered and only 23 had to be sent to mental hospitals. In addition, 50 were discharged to their homes on special certificates and 12 to unions.

In his annual report for the year 1927, Major Webster, then Officer in Charge, but now stationed in India, stated that the cases under treatment showed no special psychosis, that the cases of different psychoses fell into the same group and followed the same course as in civil life. This is borne out by the table of diagnoses on the 171 admissions for that year. The principal forms of mental disorder were dementia praecox in 53, acute melancholia in 34, neurasthenia in 16, confusional insanity in 12, hysteria in 11, and acute mania in 6 and psychaesthesia in 4; the remainder being distributed in small numbers over many varied forms of mental disease or disorder. A gratifying feature of the above list is the high proportion—excluding the dementia praecox group—of recoverable cases and its internal evidence of care in detecting and treating mental disorders in an early stage.

The comparative youthfulness of the patients now is noteworthy, the majority falling within the 20 to 30 age group. During the year 11, or 5 per cent., were under 20 years of age ; 74 between 20 and 30 ; 10 between 30 and 40, and only 2 over 40 years of age.

No fatal or even serious accident occurred during the year. Mechanical restraint was necessary in 2 cases, owing to attempts at self injury, for a total period of four hours and seclusion was enforced in three cases for a total period of eight hours.

There have been no deaths.

As at my former visit I was pleased to learn of the attention given to occupation as a therapeutic measure. After an initial period of rest in bed, for observation and treatment, all who are able are required to work, either in the wards or in the garden in the mornings, followed by organised games in the afternoons.

During the year one private, afterwards promoted Lance-Corporal, obtained the Certificate of the Royal Medico-Psychological Association and another passed the preliminary examination, whilst 10 out of 12 privates who attended the classes of instruction for probationer mental nursing orderlies, duly qualified.

I am indebted to Major Gall, Major Webster's successor as Officer in Charge, for his kindness in conducting me round the mental wards and giving me every assistance.

Royal Naval Hospital, Great Yarmouth.

August 14th, 1928.

Since this hospital was visited on November 25th, 1927, by a member of my Board, there have been no new admissions, nor indeed have there been any for the past two years or more.

During the period under review one patient has died from general paralysis and one has been transferred to other care, leaving on the books and in residence (no one being absent on trial) 123 inmates (Officers, 28 ; other ratings, 95).

Six wards and some cabins are unoccupied, which could accommodate from 80-100 patients.

Some general decoration has been effected, but in view of the uncertainty as to the future of the hospital, it may well be understood that outlay of this nature is being restricted, as far as possible, the necessary upkeep only being taken in hand.

The general health is good ; those in bed numbered 9, of these 3 were suffering from general paralysis and all were being carefully nursed. It is perhaps hardly necessary to note in this regard that there is, as for so many years has been the case, a complete absence of bed sores.

There has been no epidemic or zymotic disease and but one patient is suffering from tuberculosis. No mechanical restraint or seclusion has been in use. Twenty patients have full parole and some have motor drives every week.

I received no complaints of any kind other than such as were clearly delusional in origin.

The hospital is throughout in very good order, the patients appeared to me to be carefully and tactfully supervised, there was no unrest, and they are evidently as happy and contented in their comfortable surroundings as the circumstances of their enforced detention will permit.

Surgeon-Commander H. C. Devas is in charge of the hospital and he gave me all the information I desired in connection with those under his care and all possible help during my visit, throughout which he accompanied me. He is assisted at present by Surgeon-Lieutenant Commander Sloane

Broadmoor Criminal Lunatic Asylum.

July 18th, 1928.

As the result of the inspection which we have made to-day, when we saw all the 814 patients now in residence, we can report very favourably on the condition of the institution and on the way in which the patients are treated.

Since the last visit, just over a year ago, 65 patients, 47 men and 18 women have been admitted ; 30, 23 men and 7 women have been discharged, of whom 17 had recovered ; and 27, 20 men and 7 women, have died, all from natural causes.

The 814 patients now in residence are classified as follows :—

	Males.	Females.	Total.
H.M. pleasure cases :			
(a) found insane on arraignment - -	216	77	293
(b) found guilty but insane	293	105	398
Certified insane before trial -	31	14	45
after trial - - -	73	3	76
Pauper lunatics - - -	2	—	2
	615	199	814

We went round the patients' blocks, all of which, with the exception of block 1 which is only used for sleeping purposes, are occupied by patients by day and night, and we saw the patients in their dayrooms, dining-room or airing courts.

We found the wards to be well kept and the patients to be comfortable and free from reasonable complaint. A large number, 237 men and 112 women, are usefully employed on the farm and grounds, in the shops and in the kitchen, sewing room and blocks, and a sufficiency of books, papers, etc., are provided for their amusement.

We were interested to hear of a most successful flower show which had recently been held in the grounds and which had been entirely organized and carried out by the patients themselves.

We saw a good dinner, consisting of cold beef with two vegetables followed by gooseberry tart, being enjoyed by the patients, but we should have liked to have seen each patient provided with a tumbler of water instead of there being only a few to each table.

Only 25 men and 5 women were confined to bed and this number includes those under treatment for both medical and physical reasons. They all appeared to us to be receiving careful nursing and attention.

There has been no use of mechanical restraint.

Since the last visit about half the female asylum has been repainted externally and male block 6 and several cottages internally. New "Durato" floors have been provided in several rooms in block 6, and improvements have been carried out on the main approach road. A new fire exit has been provided in block 5 and a new vegetable room has been arranged adjoining the male kitchen. Works now in progress include further external painting, the construction of a solarium off the male infirmary, the installation of electric lighting on the female side and additions to the appliances in the two kitchens. It was pointed out to us that the w.c. pans in the patients' lavatories are in need of renewal, and we have no doubt that they will receive attention in due course.

On the women's side we thought it would be an improvement if a less number of troublesome cases occupied the small uninteresting court which is provided for their use, or if a larger court with grass and flowers could be

arranged for them, though in this case no doubt it would be difficult to keep the grounds and flower beds in proper condition.

The staff consists of :

				Males.	Females.	Total.
				<hr/>	<hr/>	<hr/>
Chief attendant	-	-		1	1	2
Principal (day)	-	-	-	9	2	11
Ordinary (day)	-	-	-	115	41	156
Night	-	-	-	18	6	24

APPENDIX E.

ENTRIES BY COMMISSIONERS AT METROPOLITAN LICENSED HOUSES.

Brooke House, Clapton, E.5.

November 6th, 1928.

Since the last visit of one of my colleagues on July 6th, the following changes among the patients and voluntary boarders have taken place: Six gentlemen and 8 ladies have been admitted as patients, 2 gentlemen and 2 ladies have been transferred elsewhere; one gentleman and one lady have been discharged and one gentleman and three ladies have died. These changes leave on the books the names of 23 gentlemen and 42 ladies, all of whom I found in residence to-day with the exception of one lady who, is on leave on trial.

During the same period 5 gentlemen and one lady have been admitted as voluntary boarders; one gentleman and 2 ladies have left; 2 gentlemen admitted as voluntary boarders required to be certified and have been admitted as patients, and one gentleman voluntary boarder has died. There were this day 5 gentlemen and 4 ladies resident on a voluntary footing. Of the total number of deaths, i.e., 4 patients and one voluntary boarder, all were due to natural causes.

Accompanied by Dr. Johnson I have to-day visited all parts of the house and have seen and spoken with all the ladies and gentlemen in residence. I have again been impressed by the quietude and contentment of the patients; and the entire absence of any complaint and the manifestly good and friendly relations which exist between the patients and the staff. The whole house I have found in excellent order and most comfortable, and the patients in receipt of every attention, medical and other. Since last visit 4 ladies have required seclusion for a total period of seventy-two hours. Fourteen of those resident (5 gentlemen and 9 ladies) walk out attended beyond the grounds; one gentleman and 2 ladies are allowed parole beyond the grounds and 10 ladies are taken out for drives. There has been no change in the strength of the nursing staff.

I gave particular attention to the newly admitted patients and satisfied myself that they were all rightly detained under care and control, whilst the voluntary boarders may suitably remain on that footing.

Camberwell House, Peckham Road, S.E.

October 26th, 1928.

Plans for the re-construction of the female north and Orchard side rooms are under consideration, the erection of lavatories for both sides adjacent to the enclosure known as the Orchard is nearly finished, a continuous bath has been installed in female north ward, work is in progress in connection with the operating and artificial light theatre and a food lift is being installed in connection with the ladies' convalescent ward. The nurses' home is now in full occupation.

Since the last visit there have been 48 admissions, 20 patients have been discharged—7 on recovery and 10 who died. One patient had swallowed some lysol prior to admission and the verdict returned was that death had taken place as the result of pneumonia accelerated by the taking of lysol.

There are on the books 119 gentlemen and 194 ladies, in all 313. There were on leave 13 gentlemen and 13 ladies, and one lady, allowed out on parole yesterday, has not returned. This leaving in residence 106 gentlemen and 180 ladies, a total of 286.

There are also on the books, as voluntary boarders, 12 gentlemen and 24 ladies—2 of the former are absent at Hove Villa and, subject to the

remarks in the patients' book, and with the exceptions there mentioned, the others may remain in that position.

One patient has been mechanically restrained upon one occasion.

Two gentlemen and 5 ladies have improved. We gave private interviews to one lady and 2 gentlemen. There has been one serious casualty, resulting in a Colles fracture and due to a struggle between 2 of the male patients.

The newly-admitted cases are rightly detained. The ladies and gentlemen appeared to us to be receiving due care and supervision and the house is in good order.

Divine Service is attended by 60 of the inmates, 90 are usually present at the entertainments and 130 are usefully employed. We to-day saw some of both sexes engaged in the industrial class. Full parole is granted to 9 gentlemen and 17 ladies and 14 gentlemen and 55 ladies have a more limited freedom within the grounds, whilst 28 are taken for drives and 13 walk out under care.

Hove Villa, Brighton.

January 13th, 1928.

At my visit to-day to this branch of Camberwell House I find the names of 9 gentlemen and 7 ladies as patients, and of one gentleman as a voluntary boarder residing here on leave.

Three of the gentlemen patients and the voluntary boarder are out for the afternoon, but I have seen all the others and found them in receipt of proper care and attention in very comfortable surroundings.

Three of the gentlemen have their parole outside the grounds and 2 of the ladies are allowed outside together.

The staff consists of Miss Allbutt, the matron, one sister, 3 female nurses, and 2 male nurses. The house is maintained in very good order. Some pictures have been put up as suggested by my colleague, but there is room for more.

The notices as to correspondence have not yet been exhibited.

Chiswick House, Chiswick.

November 7th, 1928.

At my visit here to-day I find that there are at present the names of 13 gentlemen and 20 ladies on the books, all of whom I have seen, with the exception of one gentleman who is out for part of the day with his sister, and one lady who is absent on trial. Included in these numbers are 3 voluntary patients (gentlemen) each of whom seems to me a suitable case for that footing. Since my colleague's visit on July 2nd, 2 gentlemen and 5 ladies have been admitted—both of the former as voluntary patients and only 2 of the ladies have been received since my colleague's further visit on July 30th. To the case of one of these, who still is here, I have given particular attention and am satisfied that the steps taken to secure her treatment under control, were rightly taken. One lady has been discharged recovered; one of each sex has been transferred not improved, and 2 ladies have died, in both cases from natural causes. To one lady I gave a private interview.

The patients seem to me to be well contented and certainly they are made very comfortable. The chilliness and dullness of the day makes the open fires burning in so many of the rooms very welcome.

Parole within the grounds is accorded to 3 gentlemen and 2 ladies. About 11 patients are taken for frequent drives, a few daily.

Divine Service is held in the house every Sunday by the Vicar of St. Michael's, Chiswick, and is attended by about 17 of the patients.

There do not now appear to be any associated entertainments, preference being given to sending patients out to local entertainments and theatres.

Under the matron and the chief male nurse, the number of nurses is 18 and 9 male nurses. Of these, 2 and 1 respectively are on duty at present each night. Two of each sex are certificated in mental nursing. The house throughout is in good order and comfortably appointed.

Clarence Lodge, Clapham Park.

October 22nd, 1928.

On my visit to-day I found this house in good order, and the 9 ladies now in residence in receipt of proper and kindly care and attention. Of the 9 residents one lady is on the footing of a voluntary boarder and though to-day she was somewhat lost and confused, I am told that later in the day she becomes much more alert. She is an old lady, and so long as her mental state gets no worse I think she may properly remain as a voluntary boarder.

Such ladies as are able attend Divine Service at the Church on Sundays, and a service on the gramophone is given for those who remain at home.

There has been one patient admitted since the last visit, but she has since been discharged recovered. One boarder, the lady alluded to above, has also been admitted. There have been no deaths.

There has been no mechanical restraint or seclusion.

The nursing staff consists of 4 nurses for day and 2 for night duty.

Featherstone Hall, Southall.

October 23rd, 1928.

The only change that has taken place at this house since the last visit is the death of one lady from natural causes. I found the house to-day in its normal excellent condition, and the 9 patients resident here living under most comfortable and home-like surroundings.

The staff consists of a matron and 6 nurses.

Fenstanton, Christchurch Road, Streatham Hill, S.W. 2.

October 22nd, 1928.

I have to-day visited this house and found everything in very good order. I saw a few of the patients having their dinner, which was being very nicely served. The bed-rooms and sitting-rooms were most comfortable, and such of the ladies as were in bed were being kindly and properly nursed. I received no complaints, though one or two ladies asked to be discharged. I satisfied myself that their condition is not such as to permit of discharge at present.

The new cases are 3 in number (though one has been discharged recovered). The remaining two are in my opinion properly under care and control.

There are now resident in the house 24 ladies, of whom one is a voluntary boarder and may remain as such. One voluntary boarder has died from natural causes. One lady has been secluded on one occasion. There has been no mechanical restraint.

The Vicar of Christchurch holds a service here every Sunday at which about 16 ladies attend.

The staff consists of 8 nurses for day and 3 for night duty.

I am satisfied that the ladies here are in receipt of every care and attention.

The Flower House, Beckenham Lane, S.E.6.

November 1st, 1928.

I have to-day seen all the 24 gentlemen patients now in residence, except 4 who were out, and also the 4 gentlemen voluntary boarders, and I found them to be comfortable and to be receiving excellent care and attention.

Since the house was last visited, 3 gentlemen have been admitted, and 2 have been discharged to other care. One of these recently admitted will shortly be discharged as relieved, one of the others I did not see, and the remaining one is properly detained.

The voluntary boarders may properly remain as such. I had a private interview with one gentleman, who is unfit to be discharged.

Much re-decoration has been carried out in the patients' quarters, and the fire escape door from the bed-room at the top of the stairs has been fitted. The smoke screen for one of the landings is now being made and will shortly be fixed in position.

The house throughout was in excellent order and the patients' rooms are comfortable and well furnished.

Halliford House, Upper Halliford, Shepperton.

October 15th, 1928.

The contemplated redecoration referred to in the last report has been effected and the house is in very good order throughout.

Two shelters have been placed in the ladies' garden: they have only just been finished, and would, I think, be improved were they suitably floored. There has been one transfer to other care on the gentlemen's side: this is the only change since the last visit and there are to-day 9 gentlemen and 15 ladies on the books and in residence as patients. There are also 3 gentlemen and 2 ladies in the position of voluntary boarders.

I saw all the ladies and gentlemen, except 5 who were out at the time of my visit. I gave private interviews to 2 ladies. There has been no seclusion or mechanical restraint.

The ladies and gentlemen appear to be receiving due care and supervision.

Hayes Park, Hayes, Middlesex.

December 15th, 1928.

There are 17 patients and 2 voluntary boarders in residence to-day, all of whom I have seen. Since the last visit of a Commissioner one patient and one voluntary boarder have been admitted; the patient is properly detained under certificates and the voluntary boarder may remain on that footing. One voluntary boarder has left.

I found the house in its usual excellent order and all the rooms warm and comfortable, and I am satisfied that the patients are in receipt of kindly care and attention. There has been no seclusion and no mechanical restraint.

Hendon Grove, N.W. 4.

December 5th, 1928.

Since the last visit of my colleagues 2 ladies have left on transfer to other care, and one lady has been admitted as a patient. There are now the names of 7 ladies on the books and all of them are in residence, and have been seen by me this afternoon. I found them receiving proper care

and attention. Three ladies were confined to bed for mental reasons, one being in the padded room. The newly-admitted patient is insane and rightly detained. The rooms occupied by the ladies both as sitting-rooms and bedrooms were tidy and well kept. The nursing staff consist of a matron, assistant matron, and 6 nurses, one being for night duty. The domestic staff consists of 6, cook, kitchenmaid, 2 parlourmaids and 2 housemaids. Dr. Walford was out for the afternoon, but I have seen Mrs. Walford.

Mead House, Hayes, Middlesex.

December 15th, 1928.

One patient has been admitted since this house was last visited by a Commissioner, and one has left. These changes leave 13 patients and one voluntary boarder in residence, all of whom I have seen. The new patient, with whom I had a private interview, is in my opinion rightly detained.

The house was in excellent order and the rooms were warm and comfortable. There has been no seclusion or mechanical restraint.

Moorcroft, Hillingdon, Middlesex.

November 16th, 1928.

I have to-day visited this house and have found it throughout in its usual excellent order and exceedingly comfortable. With the exception of one gentleman, who was out, I have seen all the ladies and gentlemen in residence to-day and have found them generally very quiet and contented, free from complaints of any kind and in receipt of every care and attention. Since the last visit of my colleague, on October 1st, 2 gentlemen have been admitted as patients and 3 gentlemen as voluntary boarders. There have been no changes amongst the ladies. One gentleman has been discharged as relieved, but is remaining as a voluntary boarder. There have been no other changes. These changes leave the names on the books of 33 gentlemen and 7 ladies as patients and 5 gentlemen and 2 ladies as boarders. The newly-admitted patients are all rightly detained under care and control.

Newlands House, Tooting.

October 22nd, 1928.

I have to-day visited this house and have found it in excellent order, and the patients in receipt of proper medical and nursing care and living in very comfortable surroundings. The new patients are, in my opinion, properly under care and control.

There have been no deaths. There are now 18 ladies and gentlemen here, of whom one lady is here on a voluntary footing and may properly remain here as such.

There has been no mechanical restraint or seclusion.

I spoke to all the patients and received no complaints of any sort, and more than one spoke to me in most grateful terms of the kindness they have received here.

Northumberland House, Green Lanes, Finsbury Park, N. 4.

November 9th, 1928.

I have to-day visited this house and am pleased to be able to say I have found it throughout in good order, clean, well-kept, airy and comfortable. The day was fine and I saw many of the patients on both sides of the house

in the gardens, which are well maintained. A fair amount of internal re-decoration has been carried out since the last visit of my colleague and this is still in progress.

The following changes among the certified patients have occurred since last visit. Six gentlemen and 15 ladies have been admitted. Two gentlemen and 2 ladies have been transferred elsewhere. Five gentlemen and 10 ladies have been discharged, of whom 3 gentlemen and 7 ladies had recovered, and 2 gentlemen and 4 ladies have died. These changes leave on the books the names of 24 gentlemen and 45 ladies as patients, of whom 2 gentlemen and one lady were absent on leave or on trial at my visit and were not seen by me. Among the voluntary boarders 9 gentlemen and 11 ladies have been admitted since the last visit. Eight gentlemen and 5 ladies have left and 2 gentlemen and 3 ladies admitted as voluntary boarders have been certified and admitted as patients.

The foregoing changes leave 5 gentlemen and 12 ladies in residence as voluntary boarders. I have seen all the gentlemen and ladies in residence to-day, and have found them free from complaint, apart from the desire in some cases for their discharge, very comfortable and in receipt of every care and attention.

The general health has been good since last visit and, with one exception, there has been no serious casualty. The exception was that of a lady, admitted as a voluntary boarder, with no history of suicidal tendencies, who a few days after her admission precipitated herself from an upper floor window, fracturing the skull, but causing so far as has been discovered, no other injury. She appears to be going on favourably. On account of her serious condition I could not engage in any conversation with her, but have little doubt that she is certifiably insane.

I gave particular attention to the newly-admitted, all of whom are rightly detained under care and control, and so far as the voluntary boarders are concerned these may suitably remain on that footing, with the exception referred to above. I have entered her name and the name of the other case in the patients' book.

I am well satisfied that the patients in this house are well cared for and kindly and skilfully treated.

Otto House, 44, Sydenham Hill, S.E.26.

November 1st, 1928.

One lady has been admitted to Otto House since my colleague visited on July 2nd, whom I found in bed to-day with a broken thigh, caused through a fall on the floor in her bed-room. I have this afternoon seen the 16 ladies in residence, one of whom is a voluntary boarder who shows improvement since the last visit. I found the ladies excellently cared for and the house in very good order. The beautiful surroundings are obviously a source of pleasure to many of them, and they showed much interest in the new stained glass windows in the Chapel that are to be consecrated next Sunday. I had a private interview with one lady whose mental condition was very confused. I was very sorry to find Miss Brodie suffering from a broken arm and wish to express my hopes of a speedy recovery.

Peckham House, Peckham, S.E. 15.

October 25th, 1928.

We have seen all the patients and boarders in residence, with the exception of one boarder who was out for the day. They appeared to us to be receiving due care and supervision and the house is in good order. "The Laurels" has been re-decorated throughout.

The newly-admitted cases are rightly detained and, with 2 exceptions, those residing here as voluntary boarders may remain in that position. Three ladies show signs of improvement. Private interviews were given to 2 ladies and one gentleman.

Since July 2nd there have been 49 admissions, 35 patients have been discharged, of whom 16 had recovered and 14 have died from natural causes.

There are on the books 80 gentlemen and 231 ladies and there are to-day in residence 299 patients—gentlemen, 79, ladies, 220—one gentleman and 11 ladies being on leave. There are also 12 gentlemen and 19 ladies residing here as voluntary boarders.

There has been no mechanical restraint. Divine Service is usually attended by 81 of the residents, 98 are present at the associated entertainments, 171 are usefully employed and 36 have parole beyond the grounds, whilst 12 have a similar freedom within the boundaries. Those who walk out under care number 13, and 75 are taken for drives. The general health is good.

Kearsney Court, Dover.

June 13th, 1928.

I have to-day paid the first visit on behalf of my Board to this house since it was opened for the reception of patients from Peckham House and Northumberland House, the proprietors of which have acquired it, with gardens and grounds of 23 acres, as a seaside home for the gentlemen and ladies on leave from those houses.

The house, which is beautifully situated with views towards Dover Castle and the sea, is in the village of Kearsney, 3 miles from Dover. There is accommodation in the house for 31 patients, with the necessary nursing and domestic staff. On the ground floor there is a full-sized billiard-room, a small sitting-room, large drawing-room, lounge hall, dining-room, and conservatory fitted up for sitting in. On the first floor there are 10 bedrooms and 3 bathrooms; on the second floor, 4 bedrooms and one bathroom. There are the usual domestic offices, with a maid's bedroom over them. At the entrance gate are two lodges, one of which is occupied by the head gardener and the other by two male domestic servants and by one male patient. The whole house is very well decorated and furnished. The necessary fire exit doors and other iron staircases have been provided. I suggest that the latter should be externally lit by electric light for use in case of necessity. An opportunity to do this might be taken now, when the electricians are at work making some alterations to the internal fittings and laying a new cable down the side of the drive. A good supply of chemical fire extinguishers is placed about the house. There are fine terraced gardens, with croquet and lawn tennis courts, leading down to the River Dour. These are well kept and were looking very pretty this fine day. The rooms in the house are very comfortable and home-like. I suggest that in the bedrooms the upper sashes of the windows should be unblocked. In some of them, where there are three or more beds, the ventilation is at present none too good.

Patients began to come here on April 12th, and at present the third party of ladies from the two houses are here—18 lady patients and one gentleman voluntary boarder from Peckham House, and 12 lady patients from Northumberland House. I have seen them all, and found them in receipt of proper care and attention, and several of them spoke in appreciative terms of the house and the surroundings.

Miss Nora Russell is the lady superintendent in charge, with Nurse Down as charge nurse, and three nurses from Peckham House and one from Northumberland House.

The domestic staff consists of a cook, who lives with her husband in the cottage on the estate; one housemaid, who is the wife of the gardener;

one housemaid who comes in daily, a kitchenmaid and two male servants, who live at one lodge.

Dr. C. H. Adamson, of Kearsney, can be called in if required in case of necessity. Dr. King visits about once a month.

I have been very pleased with my visit here, and think this establishment is a useful addition to the two London houses in place of the house at Worthing.

The Priory, Roehampton.

October 23rd, 1928.

There are at present 39 gentlemen and 46 ladies in residence and, as there happens to be no one on leave or trial, these numbers comprise the 85 whose names are on the books.

In the course of my visit, extending through the morning and afternoon to-day, I have seen and spoken to each of these 85 patients; I have had considerable conversation with some of them, and gave private interviews to one of each sex. Among them is one voluntary patient, a gentleman, who is quite a suitable case for that footing.

The changes among the patients which have taken place since my colleague's visit last July include the admission of 2 gentlemen and 5 ladies, all 7 being cases under certificates; the discharges of 2 gentlemen and 3 ladies, in 3 instances on recovery; and the deaths of 2 gentlemen, in each case from natural causes. Besides these changes, one lady was discharged from certificates and, after a period of residence upon a voluntary footing, left.

In each of the cases of the 7 newly admitted patients, I am satisfied that certification, in order to secure their treatment under control, was a step rightly taken.

The new wing, built to replace Granville Lodge and The Willoughbys, whose use had to be discontinued in connection with the County Council's road scheme, was brought into occupation last month. I have been all through it to-day and can say that the rooms are bright and spacious, that they are comfortably furnished, and that the whole provides very attractive accommodation. The house throughout is in its usual excellent order.

Those of the patients with whom I was able to get into conversation spoke gratefully of what has been and is being done for them; and there is no doubt but that great effort is made here to meet the needs of individual patients as regards both their own wishes and the medical necessities of each case.

Eighteen of the gentlemen and 24 of the ladies are said to be usefully employed. Only one of each sex is at present accorded parole of the grounds and none beyond them. Three of each sex are taken for walks, and in all 25 are weekly taken for drives.

Divine Service is held weekly in the chapel by the Vicar of St. Luke's (Kew Gardens), but is generally attended by only about 4 of the gentlemen and 10 of the ladies.

Under the matron and chief male nurse, the nursing staff, exclusive of 6 lady companions, consists of 30 male and 47 women nurses. Of these, 6 of the former and 14 of the latter are on duty each night. Three of the men and 5 of the women are certificated in mental nursing. In nearly equal proportions as to sex, 31 can count over 5 years' service here. Some new accommodation has been recently erected for the nurses. It is not all of it quite ready for use, so I did not visit it to-day. That it will prove a boon and will promote efficiency as well as comfort there can be no doubt.

It is with great pleasure that I find Dr. Chambers restored to health after his trying illness. As resident medical colleagues he has to assist him Dr. B. W. Brown and Dr. S. M. O'Neill.

Wood End House, Hayes, Middlesex.

December 15th, 1928.

Since the last visit of a Commissioner the following changes have taken place: one patient has been discharged recovered; one patient was admitted on an urgency order and has since been discharged; one patient has been admitted and is, in my opinion, properly detained; one voluntary boarder has been readmitted. There are to-day 12 patients and 2 voluntary boarders in residence, all of whom I have seen.

The house is in good order and most of the rooms seemed to me warm and comfortable. I was, however, a little doubtful about one of the upstairs sitting-rooms, and about one of the bedrooms that has no fire-place or any means of heating. One lady has been mechanically restrained on two occasions for a total of 13 hours. I received no complaints, and I think the patients are kindly and sympathetically treated.

Wyke House, Isleworth.

October 23rd, 1928.

The changes which have taken place since the last visit have left on the books the names of 16 ladies and 13 gentlemen. Of the latter, 4 are here upon a voluntary footing and may properly remain as boarders. One patient has died—a lady—from natural causes.

There are two newly admitted lady patients and one new voluntary boarder—a gentleman. The newly admitted patients are, in my opinion, properly under care and control.

Dr. Smith continues to improve the amenities and conveniences of Wyke House, and showed me to-day various places where the decorators have been at work, and also the kitchens which have been “done up” and re-equipped with modern appliances. There has also been placed in the larder a new electrical refrigerating apparatus, which is proving most useful.

I found all the patients to-day as comfortable and happy as their mental state would permit, and I heard from more than one of the kindness and care with which they are treated here.

There has been no serious sickness, except for the one death from septicæmia, and the few that I found in bed to-day were merely resting for mental reasons or were ladies advanced in years.

The staff consists of 10 female and 5 male nurses by day, and 2 female and one male by night. Two female nurses work on the gentlemen’s side. Four nurses (3 female and one male) are certificated or registered as mental nurses.

Such ladies and gentlemen as are able attend Divine Service outside the institution, and the vicar of the parish and the Roman Catholic priest of Isleworth call at the house constantly to see the patients who are unable to attend service outside.

I am satisfied that everything possible is done for the welfare and comfort of the patients here.

APPENDIX F.

ENTRIES BY COMMISSIONERS AT PROVINCIAL LICENSED HOUSES.

Ashbrook Hall, Hollington, St. Leonards-on-Sea.

June 29th, 1928.

There has been no change among the patients since the house was last visited by one of my colleagues. I have seen all of the six patients who are in residence and am satisfied that they are in receipt of every proper care and attention and are kindly treated. I have found the whole house in excellent order.

The staff of nurses consists as before of four for day duty and one for night duty.

Ashwood House, Kingswinford.

November 14th, 1928.

Since the visit by one of us last July, the only changes have been the admission of one lady under certificates, in whose case we are satisfied that this step has been rightly taken in order to secure her treatment under control; and the discharge, relieved, of another lady.

These changes leave on the books the names of 8 gentlemen and 17 ladies, all of whom we have seen and spoken to, and with some of whom we have had considerable conversation. That there is a general air of contentment here is undoubted, and on returning to some of the rooms to see the patients at dinner appreciative remarks were said by several as to the excellence of the food and the cooking.

There has been no employment of seclusion or mechanical restraint; the latter has not indeed been used here for the past 35 years.

Divine Service is conducted in the house each Sunday, and is attended by 12 of the ladies. Parole is at present accorded to one of each sex within the grounds; 3 gentlemen and 2 ladies go for walks attended.

Besides the matron, the nursing staff numbers 5 on the male side and 7 for the ladies; one of the former and 2 of the latter are on duty each night.

The medical records, a number of which we perused, are as heretofore admirably kept.

The house throughout is in very good order and comfortable—the more so by the liberal number of fires we were glad to see burning.

Bailbrook House, Bath.

October 11th, 1928.

Since my colleague's visit five months ago 4 ladies have been admitted as patients, and one lady as a voluntary boarder, who left after a month. Four ladies were discharged on recovery. There are in residence to-day 2 gentlemen and 26 ladies as patients, and 3 ladies as boarders. The licence, which was granted in April last, and which I have endorsed, is for 44 patients in all, so there are at present 13 vacancies.

I have seen all the ladies and gentlemen in residence during the course of my visit, and have found them receiving proper care, attention, and skilled nursing where necessary. There has been no use of mechanical restraint, but seclusion has been used in the case of 3 ladies at various times.

The house is maintained in very good condition and the rooms are bright and comfortable. I understand that the arrangements as to calling

the Bath fire brigade in case of necessity will continue as formerly until the end of March, 1930.

At present there are no patients on parole. Divine Service is held on Sunday afternoons, when about 18 patients are present.

The nursing staff consists of 3 male and 23 women nurses, of whom one man and 8 women are for night duty.

I regret that I have not been able to see Dr. Lavers, as he has been laid up with illness for the past month, but am glad to hear from Mrs. Lavers that he is recovering.

Dr. Penuel Grant is acting medical officer, and Dr. Moorhead, of Bath, is attending at least once a week to give any advice required.

I have been accompanied on my visit by Dr. Penuel Grant, and from her received every assistance.

Bishopstone House, Bedford.

August 23rd, 1928.

The only changes amongst the patients since my visit in April have been the discharge of one lady and the admission of another, who, in my opinion, is properly detained under certificates. There are now 8 ladies in residence, and I saw all of them this morning and found them to be receiving all proper care and attention. Some were in the garden and others in the house, and all appeared to be very contented with their surroundings. The two lady boarders who were in residence in April are no longer here, one having been discharged and the other having died as the result of an accidental fall downstairs. The stairs have an awkward bend near the top and, to make them safer, I suggested that an additional hand rail should be fixed at the bend. Unfortunately, Mrs. Peele was away from home, but Miss George, who showed me round, will draw her attention to the matter on her return.

All the patients who are able go for walks in the neighbourhood, and are taken on the river and to entertainments in the town. Practically all also enjoy carriage exercise.

The staff consists of 4 nurses for day duty, and they sleep in the various patients' rooms at night. The house throughout was in good order.

Boreatton Park, Baschurch.

November 12th, 1928.

Since my last visit to this house in May two gentlemen have been admitted and one gentleman has died from natural causes. One of the 2 gentlemen is to-day in Shrewsbury with Dr. Sankey for the removal of a piece of bone from the jaw. There are now on the books the names of 6 gentlemen and 8 ladies, of whom 2 gentlemen and 3 ladies are here on a voluntary basis. With the exception of the gentleman alluded to above and 2 lady boarders who are out walking, I have seen all the patients and have given a private interview to one lady.

I found the house in good order and the rooms well kept and comfortable. A service is held for those who wish to attend every other Sunday in the house.

The staff consists of two day and one night male nurses, and a head and two female nurses and one night female nurse; there is also a special nurse for one lady. In the absence of Dr. Sankey, Miss Sankey very kindly took me round the house.

Brislington House, Bristol.

October 12th, 1928.

Since my colleague's visit nine months ago the following changes have taken place among the gentlemen and ladies residing here for treatment on account of their mental condition:—

	Males.	Females.	Total.
Patients admitted - - -	8	14	22
transferred to other care -	1	—	1
discharged - - -	3	9	12
of whom recovered - - -	2	3	5
died - - -	—	3	3
Boarders admitted - - -	13	17	30
left - - -	14	17	31
of whom certified - - -	2	1	3
died - - -	1	1	2

These changes leave on the books the names of 30 gentlemen and 36 ladies as patients, and of 3 gentlemen and 13 ladies as boarders, all of whom are in residence, and have been seen by me during the course of my visit to the main building, Heath House and The Beeches. I found the patients of both sexes in receipt of proper care and attention, in very comfortable surroundings, and also, where it was necessary, receiving skilled nursing. The health of the establishment is and has been good, and those patients whom I found confined to bed were mainly there for rest.

The recently admitted patients are properly detained, and the voluntary boarders fit subjects to remain at present on that footing, but the cases of one gentleman and two ladies whose names I give in the patients' book require watching, and if they do not improve should be certified or removed. To one gentleman and one lady I gave private interviews—no action is necessary as to either of them.

There has been no use of mechanical restraint, and seclusion has only been resorted to in the case of 3 gentlemen for a total duration of 156 hours.

I received no complaints as to their treatment from any of the gentlemen or ladies, and they were generally very contented and satisfied with their surroundings.

Parole is given to 2 ladies to go out beyond the estate, and 5 gentlemen and 7 ladies have parole within the grounds.

About 38 of the patients are taken out for drives, and a party was starting in a motor-car as I arrived this morning.

The house and subsidiary premises are maintained in very good order, and the gardens and grounds are well kept.

During the summer the work of connecting up the electric supply with the mains of the Bristol Corporation has been completed, and that is now the sole source of supply.

The nursing staff consists of 11 male and 31 female nurses, of whom one man and 5 women are on duty at night; 6 of the women nurses are employed in nursing the gentlemen.

I have endorsed the licence which was granted on April 4th last to Mrs. Fox for 44 males and 62 females, so that at present there are vacancies for 11 gentlemen and 13 ladies.

I have had the advantage of being accompanied on my visit by Mrs. Fox, Dr. Rutherford and Dr. Fox.

Court Hall, Kenton, Exeter.

December 20th, 1928.

The only change that has taken place amongst the patients since my colleague's visit here last April is that one lady has been discharged from certificates and is remaining on here as a voluntary patient. She is the only one of the 8 ladies whose names are on the books who is here upon that footing, and I am satisfied that she can be regarded as a suitable case for it.

All the residents in the house, with one exception, were enjoying a Christmas tree, together with those from Cliffden, and an entertainment at the time I called. If, in order not to disturb the party, this resulted in my not talking to them as much as I otherwise should have done, it enabled me to see how very much is done for their enjoyment.

Only one lady is able to walk out unattended, but all go out frequently for motor drives, besides walks in the gardens, which are large and very attractive.

The nursing staff are 6 in number, of whom one is on duty each night.

The house is in its customary first-rate order and is most comfortable.

Fiddington House, Market Lavington, Wilts.

October 16th, 1928.

Since my colleague's visit on June 4th last the only changes among the ladies and gentlemen residing here for treatment are the admission of one lady as a patient and another lady on a voluntary footing. There are now on the books the names of 6 gentlemen and 20 ladies as patients, and of 2 ladies as boarders. All are in residence and have been seen by me during the course of my visit. The voluntary boarders are proper subjects to remain on that footing. Apart from the question of detention, I received no complaints, and I found the patients of both sexes in receipt of proper care and attention. Six ladies were suffering from colds, and were confined to bed, otherwise the health of the house is good. I gave the lady a private interview.

The house is maintained in very good order, and a good deal of redecoration on both sides has been carried out.

Attention has been given to the matters raised by my colleague. The outside emergency staircase in the ladies' division has been cleared of the overhanging trees, and the door made to open more readily. Some rose trees and climbing plants have been planted in the ladies' garden. In the gentlemen's billiard room I noticed that none of the cues had tips; these should be seen to. I have signed the licence.

Glendossill, Henley-in-Arden.

August 7th, 1928.

I have to-day visited this house and have seen all the patients and boarders on the books, with the exception of one lady, who is on leave, and one gentleman, who is out for the afternoon.

Since my last visit 3 gentlemen have been admitted, 2 of them upon a voluntary footing; of these latter, one, I think, is not in a mental state to appreciate his position as a boarder, and should, in my opinion, be certified or removed. Four ladies have been admitted, one of them being the lady on leave, who is much better. The gentleman patient admitted since the last visit is much better and is shortly to be discharged. I found the house in good order, but one of the rooms used by one lady patient of careless habits was very stuffy, and the mattress on her bed was in need of re-making, being very humpy.

The ladies were having their dinner at the time of my visit, which was being nicely served, and consisted of roast mutton and vegetables and treacle and rice pudding.

There are now on the books the names of 9 gentlemen and 24 ladies, and 3 gentlemen and one lady boarder.

One lady has died from natural causes.

The new patients are, in my opinion, properly detained, except one gentleman, who is sufficiently recovered to be sent home shortly.

The Grange, Rotherham.

November 16th, 1928.

Since the last visit this house has been redecorated tastefully, and many new attractive rugs and carpets have been laid. Electric light has been supplied throughout, and an installation of violet rays has also been supplied, which has, I understand, been found beneficial in the treatment of some of the ladies. The house is in excellent order, and the ladies are evidently in receipt of all due attention and care. The staff consists of a matron and 5 nurses for day and 2 for night duty. Since February 3rd of this year there have been 3 admissions, 2 of whom have been discharged recovered, 3 ladies have been discharged in all, and there has been one death from natural causes. There are to-day on the books and in residence 14 patients, whom I have seen. The other admission, who is still here, is rightly detained. There are also here as voluntary boarders 5 ladies; 2 of them mentioned in the patients' book cannot remain in that position. One lady has been restrained by gloves upon 3 occasions.

Greta Bank, Burton-in-Lonsdale.

October 20th, 1928.

Since the visit made in February last one lady has been admitted, but there have been no other changes amongst either patients or boarders.

To-day I saw all the 10 ladies in residence and satisfied myself that they are receiving proper care and attention, and that the newly admitted lady is properly detained. One of the ladies is a voluntary boarder and she may properly remain as such.

The room to which attention was drawn in the last report has been redecorated, but the bathroom and downstairs lavatories still need attention, and I hope that redecoration will be carried out before long. I also drew attention to the absence of proper lavatory paper. Apart from the above, the house was in good order, and the patients' rooms were well warmed and comfortable.

The staff under Miss Perkin consists of two nurses. Miss Perkin was absent on holiday, and I was taken round and given all the necessary information by the nurse in charge. I pointed out to her the necessity of keeping the smoke-screen door on the first landing shut during the night. I signed the licence.

The Grove, Catton, Norwich.

August 11th, 1928.

This little house is in its accustomed excellent order, and I am fully satisfied that the ladies are receiving every attention and care which their varying conditions require.

Two ladies of advanced years were in bed and were being carefully nursed; the others were for the most part out in the grounds or just getting ready to go out.

Since I was here in March there have been two admissions, and one lady has been transferred to other care. To-day there are on the books and in residence 17 ladies, and there are also here 3 ladies in the position of voluntary boarders, who may remain as such. Two ladies were out at the time of my visit.

It has been necessary to restrain one patient by jacket in consequence of extreme violence and to prevent self-injury on two occasions, and another, also by jacket when very violent, for a total in all of 16 hours.

The staff consists of two companions and 7 day and 6 night nurses.

Three ladies have parole; the others, when able, go out walking and have carriage exercise in turn. Services are held every fortnight, and some of the ladies attend the neighbouring church.

The Grove House, Church Stretton.

November 12th, 1928.

The changes which have taken place since I was here in the early part of the year have left on the books the names of 36 ladies, of whom 6 are here upon a voluntary footing, and may remain so for the present. I found the house in very good order, and the ladies resident here in receipt of proper care and attention.

One lady has improved much since she has been here, and is probably going shortly; she was only admitted last month. The other newly admitted cases are, in my opinion, properly under care and control. There have been no deaths, and I am able to say that there is no serious sickness in the house.

I have seen and spoken to all the ladies whose names are on the books, and I gave a private interview to one lady. A service is held here every other Sunday, at which about 5 or 6 ladies attend. Some of the ladies are able to go to the parish church.

The staff consists of 14 nurses, of whom 2 are detailed for night duty.

Haydock Lodge, Newton-le-Willows.

October 17th, 1928.

The changes which have taken place at this house since our last visit have left on the books the names of 122 patients (57 gentlemen and 65 ladies), and 13 gentlemen and 7 lady boarders.

One lady was on leave and one gentleman patient and one boarder were out at the time of our visit. The actual number of the ladies and gentlemen whom we saw was 139. We believe we spoke to everyone who was capable of conversing with us. We have asked Dr. Wootton to send us a report in a month about one gentleman boarder, about whose residence here, as such, we were doubtful. With this exception the boarders are fit to remain as such. We gave a private interview to one gentleman. There has been no seclusion or mechanical restraint.

The deaths, which number 13, were all from natural causes.

About 43 patients—16 gentlemen and 27 ladies—normally attend Divine Service on Sundays. We found the patients generally contented, and being cared for in comfortable surroundings.

Much has been done since our last visit to improve the house, and the alterations to the ladies' sick room, and the addition of the solarium there, will add much to the comfort of the patients.

Dr. Wootton spoke to us of further alterations and improvements which he has in mind, including the enlargement of the gentlemen's dining-room, the plans for which have already been approved by our Board.

A large measure of freedom is allowed to patients within the grounds, and 9 gentlemen and 2 ladies have parole beyond the grounds.

The nursing staff consists of 22 men and 22 women, of whom 3 of the former and 5 of the latter are detailed for night duty.

Heigham Hall, Norwich.

August 11th, 1928.

Visiting this institution to-day, I have seen all the ladies and gentlemen in residence, with the exception of 5 of the ladies (4 patients and a voluntary boarder) who were out walking. I am satisfied with the supervision and care they are receiving, and with the surroundings; I received no sort of complaint as to treatment from anyone. One of the ladies whom I did not see has, I am told, maintained the improvement noted by me at my last visit, and I hope arrangements will be made soon for a trial. A gentleman has also improved, and Dr. Pope is, I understand, corresponding as to his also having a trial at an early date. There has been no seclusion or mechanical restraint; the newly admitted cases are rightly detained. As a result of the changes which have taken place, including a discharge on recovery, 3 deaths from natural causes and 7 admissions, there are on the books and in residence 14 gentlemen and 41 ladies. There are also here as voluntary boarders 2 gentlemen and 7 ladies, as to whom I have made special mention in the patients' book.

Thirty patients usually attend Divine Service on Sundays; 31 are present at the associated entertainments; 7 patients and boarders have full parole and 2 a more limited freedom within the grounds; 15 walk out under care and 5 have carriage exercise.

The staff consists of 6 male and 13 female nurses for day, and one of each sex for night duty.

Kingsdown House, Box, Wilts.

May 8th, 1928.

Since the 31st of last August, the date of the last visit by a Commissioner, one gentleman (a voluntary patient, who has since left) and 6 ladies (all under certificates) have been admitted. Two gentlemen and one lady have been transferred to other care, and one lady has been discharged on recovery. These numbers do not include the re-certification of one lady due to the lapsing of the order.

These changes leave on the books the names of 33 ladies, but there is no longer any gentleman here, and I understand it is the intention to confine the reception of patients as far as practicable to ladies. All these ladies are in residence and have been seen by me this afternoon, with the exception of 3 of them who are away for a few hours. Giving special attention to 5 of the 6 newly admitted patients under certificates (one happened to be out with her husband), I satisfied myself that in each case this step has been rightly taken for her treatment under care and control, and both voluntary patients seem suitable cases for that footing—in one of them the appointment of a Receiver is in process.

No one asked me for a private interview, and, generally, it seemed to me that everyone is particularly free from any grievance. I feel sure, too, that they are all in receipt of careful and kindly attention.

A local vicar holds Divine Service here every Monday, which is attended by some 16 of the ladies, and about 5 attend at Box Church. Some 18 attend entertainments, which are held more or less weekly. One lady is accorded parole beyond the grounds and 13 walk out attended. Driving parties are arranged twice weekly.

Three of the nurses contracted scarlet fever; they were removed for treatment and isolation to a neighbouring hospital, and no patient has been attacked.

The house throughout is in very good order and comfortable, and its grounds—whose charm is increased by their being in terrace formation—are looking very attractive. The nursing staff are 9 in number, 2 of whom are on duty each night, 5 being available for duty by day.

In the temporary absence of Dr. MacBryan, Dr. J. R. P. Phillips gave me all the assistance I required.

Laverstock House, Salisbury.

August 11th, 1928.

There are on the books the names of 31 gentlemen and 32 ladies. All are in residence and have been seen by me to-day with the exception of 2 of the former and 3 of the latter. These numbers include 4 gentlemen and 6 ladies who are here as voluntary patients, for which footing they seem to me to be suitable cases. Among those whom I did not see was a lady who is one of the newly admitted certified patients, otherwise I can say that, after paying particular attention to these cases, I am satisfied that with respect to the 4 gentlemen and 2 ladies who, since my visit here last April, have been admitted under certificates, this step for their treatment under care and control has been rightly taken. During the same interval there have also been admitted as voluntary patients 6 gentlemen and 3 ladies, but of these, 4 of the former and one of the latter have since left. One lady had been admitted under an urgency order, on the expiry of which she was retained as a voluntary patient.

One gentleman (one of the newly admitted patients) and one lady have died—both from natural causes. One gentleman has been transferred to other care.

There was distinctly a general air of contentment, and no one had any grievance to ventilate.

In the case of the 2 ladies to whom I gave private interviews no action seems to be called for. A new room is in course of erection, for which pads will be provided, but capable of being easily taken down when not required, and which by the form of its construction will render the safe handling of a difficult case more easy. It has also been decided to convert part of what is known as the "Old Brew House" into a good sitting-room for a few of the gentlemen whose habits tend to interfere with the comfort of the others, and at the same time to provide a dressing-room and bathroom for the male staff. There is no doubt but that these will prove useful additions.

It happened that I saw a good many of the gentlemen in the walled-in court on their side; apart from the fact that it is completely enclosed, its appearance, as a place for exercise, presents a great contrast with the gardens, which are in themselves nice and are well kept. As part of the spirit of progress here, it occurred to me that perhaps this enclosure might be taken in hand. Whether there are obstacles in connection with its position which would prevent the lowering of the wall I do not know, but if the walls could all be well covered with creepers that alone would effect a pleasant change in appearance.

The employment of seclusion has been limited to one case—that of a lady; in her case its use has been considerable.

It was pleasant to find that as many as 6 of the gentlemen and 10 of the ladies are given the privilege of parole. So long as proper vigilance is maintained—and I feel sure this is so—the element of risk involved is undoubtedly compensated for by its advantages.

Divine Service conducted by the vicar is held every Wednesday in the house; it is attended by about 20 of the patients, and about a dozen of them attend the parish church on Sundays.

Under the matron, whose duties extend over both sides, the nursing staff comprises 9 on the male and 9 on the female side; at present 2 of each sex are on duty nightly.

The house throughout is in very good order. Colonel Benson and the matron accompanied me round it. Besides them and Dr. Benson, Dr. Dickinson, who is pathologist to the Salisbury Infirmary, is also resident.

Littleton Hall, Shenfield, Essex.

November 11th, 1928.

Since my visit in March last 4 ladies have been admitted and 2 have died, so to-day I found 17 lady patients in residence.

There are also 3 ladies residing in the house as voluntary boarders. Two of these boarders may properly remain in as such, but the other one, whose name is mentioned in the patients' book, may be found unfit to continue as a boarder should she not improve in a short time. I found the ladies to be in good health and to be receiving all proper care and attention. Nearly half the number are taken for regular drives, and also go for walks, accompanied by members of the staff; 5 have parole within the grounds.

Under the matron the nursing staff consists of 10 for day and 4 for night duty. Eight of these have over 5 years' service.

An inquest was held by the coroner concerning the death of a lady boarder who died as the result of a suicidal act, after going away from the house without leave. The facts of this case were fully reported to my Board at the time.

Further redecoration has been carried out in the nurses' wing, in some patients' rooms, and in the kitchen, and the house generally was in good order. The newly admitted patients are properly detained.

Malling Place, Maidstone.

February 2nd, 1928.

Since my colleague's visit in October last 4 ladies have been admitted as patients, 2 lady patients have died (both from natural causes), and one lady has been discharged, being admitted directly afterwards on a voluntary footing. One other lady entered the house as a voluntary boarder. The death occurred of one gentleman boarder. These changes leave on the books the names of 2 gentlemen and 32 ladies as patients, and of one gentleman and 4 ladies as boarders. All are in residence and have been seen by me during the course of my visit. I found them in receipt of proper care and attention amidst comfortable surroundings. The newly admitted patients are properly detained, and the lady boarders fit to be on that footing, but I do not consider that the gentleman boarder understands his position, and he should be removed or certified. There has been no use of mechanical restraint or of seclusion. The register should be altered so as to be available for any entries of seclusion.

The house is maintained in good order. Some redecoration of the ladies' bedrooms has been recently carried out, and some other rooms are shortly to be placed in the decorator's hands. Fire-escape doors have been placed in the single rooms adjoining the old billiard room, which is now a dormitory. I suggest that a bell be placed in communication between the nurse on duty at night and the dormitory in the cottage.

Extra gas brackets have been put up, as suggested by my colleagues, in the ladies' wing. In Dr. Adam's absence I was accompanied on my visit by Dr. Gray and the matron, Miss White.

Middleton Hall, Middleton St. George, Co. Durham.

July 20th, 1928.

Since the last visit on January 26th there have been 12 admissions, 6 discharges, and 2 deaths from natural causes. As a result of those changes there are to-day 9 gentlemen and 25 ladies on the books. One lady is on leave. The others I saw with the exception of 4 ladies who were out driving. The newly admitted cases are rightly detained. There

are also here as voluntary boarders one of each sex. The gentleman was out; the lady may remain as such.

The house throughout is in very good order, and the ladies and gentlemen appear to be in receipt of proper care and attention. A gentleman and 2 ladies have improved. Plans have been passed for the rearrangement of the heating, but the work has not yet been taken in hand. Wireless has been installed. Five ladies were in bed, one suffering from severe bruises consequent on an accidental fall.

I noticed and had my attention drawn to a partition in the gentlemen's top corridor, west end, which has been placed there so as to divide off some 6 rooms for the accommodation of nurses. It has not been in use for gentlemen, but as it does alter the accommodation on this side of the licensed premises I have requested that a plan and account of the alteration be sent to the Board for consideration.

The staff consists of a head and 5 other attendants and a matron, 2 sisters and 6 nurses. One male nurse, and a sister, with one female nurse, are on duty at night. Those able to go out are taken for walks under care. There are carriage drives twice a week for some 6 patients, and religious services are held in the house by the rector of the parish every 2nd Sunday, and on other Sundays some patients attend the neighbouring church.

The Moat House, Tamworth.

November 9th, 1928.

Since the last visit by a Commissioner there have been no changes amongst the patients at this house. I have seen all the ladies whose names are on the books with the exception of one lady, who is now away on leave and is likely to be discharged shortly. Of the 7 ladies whose names are on the books, one is here upon a voluntary footing. She was to-day confined to bed with a slight cold. All the patients seemed to me to be in receipt of kindly care and proper nursing attention, and to be living in comfortable surroundings. The house, sitting-rooms and bedrooms were well kept and nicely warmed.

The nursing staff consists of a matron, assistant matron, and 5 nurses, of whom one is detailed for night duty.

Such of the ladies as are able and inclined to do so attend Divine Service in the town.

Northwoods House, Winterbourne, Bristol.

October 15th, 1928.

Since the 1st of this month Dr. Henry Joseph Cates has taken over the management of this house from Dr. Thomas, and his name and that of his wife have been added to the licence. Dr. Cates is now in residence and has accompanied me during my visit this morning. He has already commenced to carry out some redecorations, and I found the gentlemen's side in the hands of the decorators this morning. When that side is completed the lower floor of the ladies' wing will be taken in hand. A wireless receiving installation is to be put in at an early date. At present the lighting of the house is by oil lamps, and as soon as a public supply comes within a reasonable distance of the premises Dr. Cates tells me that it is his intention to instal electric lighting. Apart from the dislocation caused by the decorators, the rooms occupied by the patients are tidy and well kept.

Since my colleague's visit in February the following changes have occurred:—

					Males.	Females.	Total.
Patients admitted	-	-	-	-	3	4	7
discharged	-	-	-	-	4	4	8
died	-	-	-	-	—	—	—
Boarders admitted	-	-	-	-	6	6	12
left	-	-	-	-	3	3	6
died	-	-	-	-	1	1	2

These changes leave on the books the names of 10 gentlemen and 13 ladies as patients, and of 4 gentlemen and 2 ladies as boarders. Two gentlemen and one lady are on leave. I have seen all those in residence and found them in receipt of proper care and attention, and of nursing where required. I received no complaints from anyone, and am of opinion that the newly admitted patients are proper subjects for detention and the voluntary boarders fit to remain on that footing. Divine Service is held in the house by the curate of Winterbourne on Sunday evenings, when about 18 patients are usually present. Daily prayers are said by Dr. Cates. Three of the gentlemen have outside parole.

There has been no use of mechanical restraint. One gentleman and 4 ladies have been secluded at various times. The nursing staff consists of 7 male and 7 women nurses, one of each sex being on duty at night. I have endorsed the licence.

The Old Manor, Salisbury.

October 24th, 1928.

I have to-day paid the second visit of the year on behalf of my Board to this large licensed house. Under Sir Cecil Chubb's and Dr. Martin's able administration it continues to afford very good accommodation and treatment for those who are residing here on account of their mental states.

The day rooms and dormitories were tidy and well kept, and generally in a good state of decorative repair. It struck me, however, that the cubicles on the upper floor of female ward 19 require doing up.

The new buildings on the site of Nos. 1 and 2 wards have been roofed, but work has been stopped on them for the winter. The nurses' home in the Paragon is now in occupation and affords very comfortable accommodation for 15 nurses. The nurses' mess and recreation rooms in the main building have been redecorated since the last visit of my colleague and myself. Our suggestion, also, as to planting some creeping plants against the walls of the male 5a garden has been carried out. In this ward the day room and dormitory accommodation has been reversed, giving a brighter and larger sitting-room.

Since April 20th the following numerical changes have taken place:—

					Males.	Females.	Total.
Patients admitted	-	-	-	-	14	20	34
transferred to other care	-	-	-	-	5	11	16
discharged	-	-	-	-	8	11	19
of whom recovered	-	-	-	-	3	8	11
died	-	-	-	-	6	6	12
Boarders admitted	-	-	-	-	19	29	48
of whom certified	-	-	-	-	1	6	7
left	-	-	-	-	16	20	36
died	-	-	-	-	—	2	2

These changes leave on the books the names of 266 males and 195 females as patients, and of 20 males and 32 females as voluntary boarders.

Six patients of each sex and 5 gentlemen and one lady boarder are on leave or trial, 8 of the patients and the 6 boarders being at Hume Towers, Bournemouth.

To the best of my belief I have seen all the gentlemen and ladies in residence during the course of my visit to the wards in the main building and Llangarran. Apart from appeals for release from certificates, I received no complaints. I gave private interviews to 3 patients of each sex, but I do not consider any action is necessary at present in any of their cases. With the exception of 2 gentlemen and 2 ladies, the voluntary boarders are proper subjects to remain on that footing. Those who have been recently admitted as patients are, in my opinion, rightly detained. All the 14 deaths since my last visit have been from natural causes and the general health of the establishment has been good, there having been no case of epidemic or zymotic disease. One serious casualty occurred when a gentlemen patient fell in a fit and fractured his hip by striking it against a chair.

No mechanical restraint has been used. Seventeen gentlemen and 5 ladies have been secluded for a total duration of 911 hours.

Divine Service is held in the chapel on Wednesday, Friday and Sunday mornings. The Sunday services are usually attended by 59 gentlemen and 120 ladies, and the associated entertainments by 107 gentlemen and 153 ladies.

Some 103 gentlemen and 156 ladies are usefully employed in various ways, and I saw some of both sexes engaged in work in the arts and crafts department.

Fifty-four gentlemen and 50 ladies have their parole to go out beyond the grounds, and 22 other gentlemen and 86 ladies walk out attended. Drives are also given to several of each sex.

The nursing staff is composed of:—

	Males.	Females.	Total.
On duty by day - - - -	27	51	78
by night - - - -	5	7	12
Under 1 year's service - -	2	18	20
Over 5 years' service - -	17	5	22
Certificated in mental nursing -	12	9	21
Passed preliminary examination	6	9	15

Dr. Martin has the assistance of the same three medical officers. I had not the advantage of meeting him to-day as he is on a tour abroad, but I received every assistance from Dr. Westrup and his colleagues, Dr. Morton and Dr. Bennett.

Hume Towers, Bournemouth.

March 14th, 1928.

I have to-day visited every part of this house, and have found it in excellent order, very comfortable, and well furnished and pleasingly decorated.

The slope of the fire escape, upon which my colleague commented at his last visit, has been improved, and an electric hand lamp placed in position in a box at the head of the stairs inside the door leading to the escape.

There are 20 ladies and 6 gentlemen in residence to-day, and with the exception of one gentleman I have seen and spoken to each one.

The gentleman whom I did not see and whose name I have entered in the patients' book was at the art school, where he is studying.

The nursing staff under the matron consists of 9 female nurses, 2 male nurses, 2 of the female nurses and one male nurse being on duty at night.

Three gentlemen and one lady enjoy full parole, and the majority walk daily in the extensive grounds attended.

I found all the patients very contented, greatly appreciating the advantage of their surroundings,

Periteau, Winchelsea.

June 29th, 1928.

Since this house was last visited by one of my colleagues, one lady has been transferred elsewhere. This has been the only change among the patients. The remaining four ladies I have found in receipt of every care and kindly attention. One lady had the misfortune to slip and fall in her room, fracturing her right hip, in January of this year. She is somewhat lame in consequence, and was having a blanket bath at my visit. The other three ladies were up. One lady has required restraint on three occasions to prevent her from injuring herself. The above house is in excellent order.

The Pleasaunce, York.

December 14th, 1928.

I have to-day visited this house and found it in good order.

As there are no gentlemen in residence the "Wing" was unoccupied. I inspected this part of the house and found it well maintained and warmed to prevent damp and to keep it aired.

Since the last visit of my colleague one gentleman and 6 ladies have been admitted as patients. The gentleman was subsequently transferred to other care and 6 ladies discharged, 3 of them as recovered. There are now on the books the names of 8 ladies, and all were in residence to-day.

During the same period 2 gentlemen and 3 ladies were admitted as voluntary boarders, the same numbers of voluntary boarders left, and a gentleman was certified and subsequently transferred to other care, and one gentleman boarder died. There are therefore no voluntary boarders in the house to-day. Of the 8 ladies, all certified patients, in residence, none were in bed and all were in good bodily health. Seven I found sitting quietly in a comfortable sitting room in charge of 2 nurses, and the remaining lady, actively delusional and rather restless, was in another sitting-room in charge of a nurse.

Since last visited the general health has been good; there have been no casualties of any kind, and neither mechanical restraint nor seclusion has been required. Five of the ladies attend Divine Service on Sundays and 4 entertainments in York. Only 2 are capable of any occupation or can employ themselves. One lady is allowed parole beyond the grounds and 2 more within but not beyond the grounds, while 5 walk out beyond the grounds attended. The staff consists of 4 nurses, of which none are needed at present for night duty.

Plympton House, Plympton.

December 20th, 1928.

Since the last visit by a Commissioner, which was at the end of last June, 5 gentlemen and 2 ladies have been admitted; of these, 3 of the former and one of the latter were received upon their own voluntary application, and 2 of the gentlemen so received have since been certified. One of each sex has been discharged or left, and 2 ladies have died, in each case from natural causes. These changes leave on the books the names of 6 gentlemen and 12 ladies; of the latter, 2 are voluntary patients and are suitable cases for that footing.

Visiting here to-day, I have seen and spoken to all these 18 patients, and have given a private interview to one of the gentlemen. In his case, as well as in that of the other newly admitted patient under certificates, this step for their care and treatment under control has been, in my opinion, rightly taken. With the exception of the gentleman, with whom

I had this private interview and as to whom I give further details in the patients' book, everyone seemed very contented, and I am satisfied with all that I have seen and with the efforts made on behalf of the patients.

Divine Service is occasionally held in the house, and 4 ladies attend the neighbouring church. One lady is able to walk out unattended.

Under the matron there are 5 male and 7 women nurses; of these, one of the former and 2 of the latter are on duty each night.

The house throughout is in good order and comfortable. Dr. Turner, who was resident for the long period of 30 years, and whose kindly interest in the welfare of his patients has been well known to our Board, has ceased to reside here, but his name remains on the licence. Dr. J. C. Nixon is now the resident licensee.

The Retreat, Fairford, Glos.

August 20th, 1928.

Since my visit in January 2 ladies and one gentleman have been admitted, one of each sex has been discharged, and 3 ladies and one gentleman have died from natural causes. These changes leave on the books the names of 29 ladies and 15 gentlemen as patients, and all were in residence to-day. There are also 3 ladies and one gentleman living in the house as boarders who may properly remain as such.

With the exception of 2 gentlemen patients who were out, I saw all the patients and boarders to-day, and satisfied myself that they are comfortable and receiving all proper care and attention. The recently admitted patients, who are still in residence, are properly detained.

Some 20 patients are taken for walks outside the grounds by members of the staff, and 5 are allowed full parole both within and beyond the grounds. The weekly Service is attended by some 10 patients.

The staff for day duty number 7 female and 3 male nurses, and there are 2 female nurses on duty at night.

The alterations and redecorations to the bathroom and cloakroom have now been completed, and pictures have been placed on the walls of the long room on the ladies' side. Further redecoration has been carried out in some of the bedrooms, and this work will be continued.

Owing to there being some shortage in the water supply, Dr. King-Turner has tapped a further supply from a spring in the garden. This supply, which is said to be of excellent character and ample in quantity, is pumped into a tank in the grounds, and from this gravitates to the house and gardens. The tank is 30 ft. high and has a capacity of 2,600 gallons.

Many of the patients were seen out of doors in pleasant surroundings. Both house and grounds were in excellent order.

St. George's Retreat, Burgess Hill.

September 10th, 1928.

Since my last visit to this house 8 months ago 7 ladies have been admitted as patients and 5 ladies as voluntary boarders. One lady patient has died from natural causes, 4 have been discharged (3 on recovery), and 3 voluntary boarders have left. These changes leave on the books the names of 68 ladies as patients and of 7 as voluntary boarders, the full number which is allowed by the licence. Three lady patients are on leave; one in the Convent Infirmary, one at St. Mary's Purchase Manor on the estate, and the third at St. Augustine's, Brighton. With the exception of the lady at Brighton, I have seen all the ladies whose names are on the books, and have found them in receipt of every care and

attention amid very comfortable surroundings. The recently admitted patients are rightly detained, and those on a voluntary basis fit to remain as such for the present, although the case of one lady requires watching.

The whole establishment is very well maintained, a good deal of redecoration having been done recently. I suggest that some letter boxes should be provided, where the ladies can place their letters for the post.

The nursing staff consists of 35 of the Sisters of the Order and 4 trained secular nurses. One of the Sisters is hospital trained, and 3 others are away still at the St. John and Elizabeth Hospital in North London undergoing training. Dr. Todd, partner to Dr. Pennefather, has been giving lectures to the Sisters here on mental nursing.

The Mother Superior, Sister M. Gertrude, is at present away, but I have been accompanied on my visit by the deputy Mother Superior, Sr. M. Patricia. I have also had the advantage of Dr. Pennefather's company during my inspection.

I have signed the licence, which was granted at the East Sussex Quarter Sessions in June last.

The Mother Superior's name has been included in the licence, as suggested in my last entry.

Shaftesbury House, Formby.

October 14th, 1928.

Since the last visit by one of us to this house 2 gentlemen and 7 ladies have been admitted, and one gentleman and 9 ladies have been discharged. Of the discharges, 5 were discharged recovered. There have been no deaths.

At present there are on the books the names of 23 ladies and 8 gentlemen patients, and in addition there are 5 ladies and 2 gentlemen here as voluntary boarders; one lady boarder, however, is at home for the present. Parole outside the grounds is granted to one gentleman and 3 ladies. Divine Service is held once a week in the house by the vicar of the parish.

We have to-day been all over the house and inspected the day rooms and bedrooms, which we have found well kept and comfortable. We have seen all the ladies and gentlemen who are now in residence, and are satisfied that they are in receipt of proper and kindly care and attention.

We think that a key of the door at the end of the ladies' corridor, leading to the staircase to the gentlemen's quarters, should be obtained and placed in a glazed box near the door as an additional precaution in the event of fire.

The staff consists of a matron and staff nurse, and 9 nurses, of whom 3 are detailed for night duty on the ladies' side, and 4 male nurses, of whom one is on duty at night on the gentlemen's side.

The Silver Birches, Epsom.

December 7th, 1928.

The only change since my last visit, at the end of last March, is the discharge of one lady on the expiration of her urgency order, which was then pending. I have to-day seen all the 10 ladies whose names are now on the books as patients. There are 4 vacancies.

I found the ladies in receipt of proper care and attention amid very comfortable and homely surroundings. Their sitting-rooms and bedrooms were tidy and well kept. One lady has been mechanically restrained by means of a linen jacket on account of her violence, for $1\frac{3}{4}$ hours.

No Divine Service is held at present in the house, but one or two of the ladies go out to church.

The nursing staff consists of 5 nurses, all of whom sleep in rooms with the lady patients.

I have endorsed the licence which was granted at the October Quarter Sessions for the County of Surrey.

Springfield House, Bedford.

August 23rd, 1928.

Since my visit in April, one lady and one gentleman have been admitted, one of each sex has been discharged, and one lady has died from natural causes. To-day the patients in residence numbered 24 ladies and 16 gentlemen, and there were also in the house as voluntary boarders 3 ladies, who may properly remain on that footing. One other voluntary boarder—a gentleman, who is away—is taking his discharge to-day.

I saw all in residence and found them to be contented, and to be receiving all proper care and kindly attention. Many were working in the grounds, a few were confined to bed for mental reasons, and the remainder were in their comfortable sitting-rooms. The recently admitted patients are, in my opinion, properly detained. I had a private interview with one gentleman who is unfit to be discharged. Some 25 patients are able to attend the associated entertainments, and a rather smaller number go to Divine Service on Sundays. One lady is allowed full parole outside the grounds, and 7 other ladies and 4 gentlemen inside the grounds.

The patients' rooms were bright and cheerful, and are kept in good order, but care must be taken to see that the doors, which would be used as second exits in case of fire, are always kept free from obstructions of any kind. The staff consists of 10 female and 7 male nurses for day, and of 3 female and one male nurse for night duty. Three of the female and 2 of the male nurses are certificated in mental nursing, but only 2 of each sex have been employed for over 5 years.

Miss Bellars, who recently retired from the post of matron, has been replaced by Mrs. Jones, a hospital trained nurse, and I was glad to hear that her duties include some supervision over the gentlemen's side of the building.

Stretton House, Church Stretton.

November 10th, 1928.

Since my last visit to this house in May of this year, 3 certified patients have been admitted, one of whom had been here on a voluntary footing, and one has been discharged. Eleven voluntary boarders have been admitted, of whom 5 remain here on a voluntary basis. There have been no deaths. These changes leave on the books the names of 31 gentlemen, of whom 7 are boarders. Three boarders were out walking at the time of my visit, and therefore I did not see them. With these exceptions I saw all the gentlemen now in residence, and found them contented and living in comfortable surroundings. I examined the diet sheet, and it appeared to be good. The house was in excellent order, and the patients in bed seemed to be in receipt of proper medical and nursing care and attention.

Divine Service is held here every Sunday, which is generally attended by about 12 gentlemen.

The staff consist of 11 male attendants, of whom 4 are detailed for night duty. Some of the communicating doors between rooms and the outside fire staircase were difficult to open, and the locks do not all seem to be the same way up; that is to say, the key has to be inserted differently. It is essential that these doors should be easily and quickly opened by all attendants and kept free from obstructions.

I think that a property enquiry is desirable in the case of one gentleman with whom I had an interview.

Ticehurst House, Ticehurst.

November 2nd, 1928.

Since my visit with my colleague to this house in February last the following numerical changes have taken place among the gentlemen and ladies who reside here for treatment on account of their mental conditions:

	Males.	Females.	Total.
Patients admitted - - -	3	9	12
transferred to other care - - -	—	5	5
discharged - - -	—	6	6
of whom recovered - - -	—	3	3
died - - -	—	3	3
Boarders admitted - - -	4	1	5
left - - -	3	3	6
of whom certified - - -	1	1	2

These changes leave on the books the names of 40 of each sex as patients, and of 2 gentlemen and 3 ladies as voluntary boarders. Ten of the gentlemen and 7 of the lady patients, and one lady boarder are away on leave. One gentleman patient is out for the day. I have seen and interviewed all the other gentlemen and ladies, including the 2 gentlemen on leave at the Ridgeway. I found them all in receipt of proper care and attention, and of skilled nursing where necessary.

With one exception the deaths were from natural causes. The excepted case was that of a lady who committed suicide by carbolic acid poisoning. An inquest was held in this case, and the facts were fully reported to and considered by my Board at the time.

The general health of the establishment has been good throughout the summer.

One lady has been secluded for a total duration of 218 hours since my last visit. There has been no use of mechanical restraint.

Divine Service is held on Sunday afternoons in the chapel on the premises, when about 6 gentlemen and 12 ladies usually attend, whilst some other 5 patients attend a parish church.

Parole is granted to 5 of the gentlemen and 2 of the ladies to go beyond the estate, and 5 other gentlemen and 4 ladies have parole of the grounds.

The nursing staff consists of:—

	Males.	Females.	Total.
For day duty - - -	30	44	74
For night duty - - -	6	13	19
Certificated in mental nursing -	2	9	11

I have signed the licence, which was granted at the April Sessions of East Sussex and slightly varied, as to the numbers of each sex to be received, at the October Sessions.

I have had the advantage of the company of Dr. McDowall during my visit. He still has the assistance of Dr. Cannon.

Tue Brook Villa, Liverpool.

October 20th, 1928.

I have to-day visited this house and have found it in very good order. The patients appeared to be contented and well looked after, and to be in receipt of proper medical and nursing attention.

There are now on the books the names of 25 gentlemen and 21 ladies, of whom 2 gentlemen and 4 ladies are here upon a voluntary footing. One

gentleman was away on his annual holiday and 2 gentlemen boarders were at their business at Liverpool, and one lady boarder was out walking.

Divine Service is held here every Sunday, at which about 15 ladies and a like number of gentlemen generally attend.

A good deal of redecoration has taken place since the last visit, and the dining hall is now being decorated and some of the walls treated for dampness.

Three ladies and one gentleman were resting in bed, 2 of the ladies being nursed in a new verandah in the garden. A similar verandah has been erected in the gentlemen's garden. A new w.c. has been provided on the ladies' side.

There have been 4 deaths since the last visit—2 gentlemen and 2 ladies—all well advanced in years, and death in each instance was from natural causes. There has been no mechanical restraint, but one lady has been secluded for a period of one hour.

The new patients are, in my opinion, properly under care and control. With regard to one lady boarder, I was not satisfied that she understood her position, and unless an improvement takes place within a month she must be removed or certified.

I had no complaint of any sort from any of the patients, all of whom I spoke to with the exception of the 4 whom I did not see.

Wye House, Buxton.

April 17th, 1928.

Since October 13th of last year, a gentleman has been admitted (who is rightly detained) and one of each sex has been discharged. To-day there are 8 ladies and 8 gentlemen on the books and in residence, whom I have seen, and to one gentleman I have given a private interview. There are also here as voluntary boarders 4 ladies, who may remain in that position, but one of them I think may have to be considered.

The house is in good order, and the ladies and gentlemen appear to be receiving proper care and supervision. The health is good, but 2 ladies, a patient and a voluntary boarder, are in bed.

Hereford C. and Hereford B.	...	Burghill, Hereford	...	J. G. Smith, M.D.	...	F. Goldingay, The Mental Hospital.
Herts	...	Hill End, St. Albans	...	W. J. T. Kimber, L.R.C.P., D.P.M.	...	Sir Charles E. Longmore, K.C.B., Clerk of the Peace, Hertford.
Kent and Gravesend B.	...	Barming Heath, Maidstone	...	A. C. Hancock, M.C., M.B., D.P.M.	...	H. J. Bracher,* 33, Earl Street, Maidstone.
"	...	Chartham, Canterbury	...	Lt.-Col. M. A. Collins, O.B.E., M.D.	...	J. G. Pembroke,* 15, Burgate Street, Canterbury.
Lancaster C., all the County Boroughs and Stockport C.B. (part).	...	Lancaster Moor	...	R. P. Sephton, L.R.C.P.	...	Allan Sewart, 49, North Road, Lancaster.
"	"	Rainhill, Lancs.	...	E. F. Reeve, M.B.	...	T. Garner, 49, Corporation Street, St. Helens.
"	"	Prestwich, Manchester	...	D. Blair, M.D.	...	Alan F. Maclure, 36, Brazennose Street, Manchester.
"	"	Whittingham, Preston	...	R. M. Clark, M.B.	...	L. Cotman, 8, Lune Street, Preston.
"	"	Winwick, Warrington	...	F. M. Rodgers, M.D., D.P.H.	...	P. I. Dutton, M.B.E., The Mental Hospital.
Leicester C. and Rutland	...	Narborough, Leicester	...	R. C. Stewart, L.R.C.P.	...	W. J. Freer, 10, New Street, Leicester.
Lincoln (Lindsey, Holland, Grimsby C.B. and Lincoln C.B.).	...	Bracebridge, Lincoln	...	J. MacArthur, L.R.C.P., D.P.M.	...	H. E. Page, Bank Street, Lincoln.
"	(Kesteven)	Sleaford	...	N. K. Henderson, M.B., LL.B.	...	A. D. Piper, 19, Jermyn Street, Sleaford.
London C.	...	Banstead Downs, Sutton	...	A. A. W. Petrie, M.D., F.R.C.S., D.P.M.	...	R. H. Curtis, Acting Chief Officer, Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.
"	...	Bexley, Kent	...	Geoffrey Clarke, M.D.	...	Ditto ditto.
"	...	Cane Hill, Coulsdon, Surrey	...	Lt.-Col. S. C. Elgee, O.B.E., L.R.C.P.	...	Ditto ditto.
"	...	Claybury, Woodford Bridge, Woodford Green.	...	Guy F. Barham, M.D.	...	Ditto ditto.
"	...	Colney Hatch, New Southgate, N.11	...	John Brander, M.D., M.R.C.P., D.P.M.	...	Ditto ditto.
"	...	Ewell Colony, Epsom	...	L. H. Wootton, M.C., M.B., D.P.M.	...	Ditto ditto.
"	...	Hanwell, Southall, Middlesex	...	A. W. Daniel, M.D.	...	Ditto ditto.
"	...	Horton, Epsom	...	Lt.-Col. J. R. Lord, C.B.E., M.D., F.R.C.P.	...	Ditto ditto.
"	...	Long Grove, Epsom	...	D. Ogilvy, M.D.	...	Ditto ditto.
"	...	West Park, Epsom	...	N. Roberts, O.B.E., M.D., D.P.M.	...	Ditto ditto.
"	...	† Maudsley Hospital, Denmark Hill, S.E.5	...	E. Mapother, M.D., F.R.C.S., F.R.C.P.	...	Ditto ditto.
Middlesex	...	Beechcroft Road, Tooting, S.W.17	...	Reginald Worth, O.B.E., M.B.	...	H. S. Freeman, ‡ Clarence Street, Staines.
"	...	Napsbury, St. Albans	...	A. O'Neill, O.B.E., L.R.C.P.	...	E. S. W. Hart, ‡ Guildhall, Westminster, S.W.1.
Monmouth	...	Abergavenny	...	N. R. Phillips, M.D.	...	R. W. Powell, The Mental Hospital.
Norfolk	...	Thorpe, Norwich	...	O. G. Connell, M.C., L.R.C.P.	...	W. E. Hansell, The Close, Norwich.
Northampton C.	...	Berrywood, Northampton	...	F. J. Stuart, O.B.E., L.R.C.P.	...	C. A. Markham, 1, Guildhall Road, Northampton.
Northumberland and Tynemouth C.B.	...	Cottingham, Morpeth	...	G. R. East, M.D.	...	Henry D. Irwin, 3, Royal Arcade, Newcastle-upon-Tyne.
Notts C.	...	Radcliffe-on-Trent, Nottingham	...	H. C. Waldo, L.R.C.P.	...	J. F. Gell, The Mental Hospital.

* Clerks to the respective Sub-Committees. Clerk to the Kent Mental Hospitals Committee: H. J. Bracher. † Uncertified cases only. ‡ Clerks to the respective Sub-Committees. Clerk to the Middlesex Mental Hospitals Committee: H. S. Freeman.

Brighton ...	...	...	...	Haywards Heath, Sussex	G. H. Harper-Smith, M.D.	...	Jas. H. Rothwell, C.B.E., Town Hall, Brighton.
Bristol ...	...	...	...	Fishponds, Bristol	E. B. C. White, L.R.C.P.	...	J. Green, The Council House, Bristol.
Canterbury ...	...	...	...	St. Martin's Hill, Canterbury.	E. F. Sall, L.R.C.P.	...	R. H. Wanklyn, Town Hall, Canterbury.
Cardiff ...	...	...	...	Whitchurch, Glamorgan	P. K. McCowan, M.R.C.P., D.P.M.	...	C. G. Brown, Town Clerk's Office, Cardiff.
Croydon ...	...	...	...	Warlingham, Whyteleafe, Surrey	H. M. Berncastle, L.R.C.P.	...	J. M. Newnham, Town Hall, Croydon.
Derby ...	...	...	...	Rowditch, Derby	John Bain, M.B.	...	G. T. Lee, Town Hall, Derby.
Exeter ...	...	...	...	Digbys, Topsham	D. McK. Reid, M.D., F.R.F.P.S.	...	H. Lloyd Parry, Town Clerk's Office, Exeter.
Gateshead ...	...	...	...	Stannington, Newcastle-upon-Tyne.	H. E. Brown, M.B., D.P.M.	...	W. Swinburne, Town Hall, Gateshead.
Hull ...	...	...	...	De la Pole, Willerby, Hull	J. S. Anderson, L.R.C.P.	...	J. R. H. Roberts, Guildhall, Hull.
Ipswich ...	...	...	...	Ipswich	W. M. Ogilvie, M.B.	...	A. Moffat, Town Hall, Ipswich.
Leicester ...	...	...	...	Humberstone, Leicester	Lt.-Col. J. F. Dixon, M.D.	...	H. A. Pritchard, Town Hall, Leicester.
London (City of) ...	...	...	...	Stone, Dartford	W. Robinson, M.D., D.P.M.	...	L. T. Feldon, 5, Church Passage, Guildhall, E.C. 2.
Middlesbrough ...	...	...	...	Cleveland, Middlesbrough	H. G. Drake-Brockman, L.R.C.P.	...	Preston Kitchen, Town Clerk's Office, Middlesbrough.
Newcastle-upon-Tyne ...	...	...	...	Gosforth, Newcastle-upon-Tyne.	H. D. MacPhail, O.B.E., M.D.	...	A. M. Oliver, Town Clerk's Office, Newcastle-upon-Tyne.
Newport ...	...	...	...	Caerleon, Mon.	M. R. Mackay, M.C., M.B.	...	O. T. Morgan, Town Clerk's Office, Newport, Mon.
Norwich ...	...	...	...	Hellesdon, Norwich	David Rice, M.D., D.P.H.	...	Noel B. Rudd, Guildhall, Norwich
Nottingham ...	...	...	...	Mapperley Hill, Nottingham.	G. Ll. Brunton, M.D.	...	W. J. Board, Guildhall, Nottingham.
Plymouth ...	...	...	...	Blackadon, Ivybridge	W. Starkey, M.B.	...	R. J. Fittall, Town Clerk's Office, Plymouth.
Portsmouth ...	...	...	...	Milton, Portsmouth	T. Beaton, O.B.E., M.D., F.R.C.P.	...	F. J. Sparks, Guildhall, Portsmouth.
Sunderland ...	...	...	...	Ryhope, Co. Durham	M. A. Archdale, M.B., D.P.M.	...	H. Craven, Town Hall, Sunderland.
West Ham ...	...	...	...	Goodmayes, Ilford, Essex	J. H. Cuthbert, M.B., D.P.M.	...	C. E. Cranfield, Town Hall, West Ham, E.15.
York ...	...	...	...	Fulford, York	R. A. Hooper, M.B.	...	P. J. Spalding, Guildhall, York.

* Clerks to the respective Sub-Committees. Clerk to Somerset and Bath Mental Hospitals Committee : A. W. Caley.

† For private patients only.

‡ Also Medical Director of the Birmingham Mental Hospital, which comprises Winson Green Division and Rubery Hill with Hollymoor Division

HOSPITALS.

COUNTY.	HOSPITALS.	MEDICAL SUPERINTENDENTS.
Bucks	St. Luke's Hospital, Gerrard's Cross	R. W. Gilmour, M.B.
Chester	Manchester Royal Hospital, Cheadle.	J. A. C. Roy. M.B.
Devon	Wonford House, Exeter ...	H. W. Eddison, M.B., D.P.M.
Gloucester ...	Barnwood House, Gloucester ...	A. A. D. Townsend, M.D.
Lincoln	The Lawn, Lincoln	Mary R. Barkas, M.D., D.P.M.
London	Bethlem Royal Hospital, Lambeth Road, S.E.1.	J. G. Porter Phillips, M.D., F.R.C.P.
Norfolk	Bethel Hospital, Norwich ...	S. J. Fielding, M.B.
Northampton ...	St. Andrew's Hospital, Northampton.	D. F. Rambaut, M.D.
Notts	The Coppice, Nottingham ...	D. Hunter, M.B.
Oxford	The Warneford, Headington Hill, Oxford	A. W. Neill, M.D.
Stafford	Coton Hill Hospital, Stafford	R. Macdonald, O.B.E., M.D., D.P.M.
Surrey	Holloway Sanatorium, St. Ann's Heath, Virginia Water.	H. Devine, O.B.E., M.D., F.R.C.P.
York City (N.R.)	Bootham Park, York	G. R. Jeffrey, M.D., F.R.C.P.E.
„ „ (E.R.)	The Retreat, York -	Neil Macleod, M.D., D.P.M.
MILITARY AND NAVAL HOSPITALS :		
Hants	Royal Military Hospital, Netley, Southampton	Maj. H. Gall, L.R.C.P.
Norfolk	Royal Naval Hospital, Yarmouth.	Surgeon-Commander H. C. Devas, R. N.
CRIMINAL ASYLUM :		
Berks	State Criminal Asylum, Broadmoor, Crowthorne.	H. P. Foulerton, L.R.C.P., D.P.H.

HOUSES.		Number of Patients for which Licensed.			TO WHOM LICENSED.
		M.	F.	Total.	
(a) For both Sexes :					
Camberwell, S.E. 5	...			Not more than 140 | 300 | 420	Lord Henry Fitzgerald, Captain J. A. E. Drury-Lowe, and H. J. Norman, M.B., D.P.H.
Clapton, Upper, E. 5	...			Not more than 31 | 51 | 80	G. H. Johnston, L.R.C.P., H. E. Monro and E. E. Rollins, M.B.
Finsbury Park, N. 4	...			Not more than 37 | 63 | 95	A. H. Stocker, H. G. Stocker, and F. Dillon, M.D.
Hayes, Uxbridge	...			Not more than 2 | 19 | 19	H. F. Stilwell, L.R.C.P., and Mrs. M. E. Stilwell.
Hillingdon, Uxbridge	...			Not more than 48 | 10 | 48	R. J. Stilwell, L.R.C.P., J. F. Stilwell, and G. W. B. James, M.C., M.D., D.P.M.
Isleworth	...			25 | 20 | 45	G. W. Smith, O.B.E., M.B., Mrs. S. R. M. Smith, M.B., and Miss A. Cruik.
Peckham, S.E. 15	...			Not more than 115* | 265† | 360	A. H. Stocker, H. G. Stocker, and F. R. King, L.R.C.P.
Pinner, Middlesex	...			Not more than 13 | 24 | 35	W. J. Coyne, M.D., D. I. O. Macaulay, M.D., D.P.M., and S. G. Gaylard.
Roehampton, S.W. 15	...			Not more than 47 | 48 | 90	S. G. Turner, Lieut.-Col. D. E. Wood, and J. Chambers, M.D.
Shepperton...	...			Not more than 15 | 17 | 30	Capt. H. O. S. Ellis, Lt.-Col. H. Dickenson, W. J. H. Haslett, L.R.C.P., Miss A. E. Bartlett and A. Holman.
Tooting Common, S.W. 17	...			Not more than 21 | 22 | 28	J. N. Sergeant, M.B., Mrs. M. D. K. Margetts, Mrs. H. S. Sergeant, Miss M. F. Simms-Reeve, and Miss E. Reid.
(b) Males only :					
Beckenham Lane, Catford, S.E. 6.	...			32 | — | 32	Col. W. H. F. à Beckett, Mrs. Enid à Beckett, W. F. Umney, M.D., D.P.M., and C. R. Menzies.

* Not more than 20 rate-aided patients.

† " " " 35 " "

METROPOLITAN LICENSED HOUSES—continued.

HOUSES.		Number of Patients for which Licensed.			TO WHOM LICENSED.	
		M.	F.	Total.		
(c) Females only :						
Clapham Park, S.W. 4	12	12	Mrs. F. E. M. Thwaites and Miss L. M. Thwaites.
Hayes, Uxbridge	14	14	H. F. Stilwell, L.R.C.P., and R. J. Stilwell, L.R.C.P.
"	19	19	R. J. Stilwell, L.R.C.P., Miss R. Cheek, and G. W. B. James, M.C., M.D., D.P.M.
Hendon, N.W.	14	14	H. R. S. Walford, L.R.C.P., Mrs. Walford, and A. C. Loader.
Southall	10	10	A. N. Leatham, M.D., and Mrs. M. F. Leatham.
Streatham Hill, S.W. 2	30	30	E. W. White, C.B.E., M.B., M.R.C.P., Mrs. H. White, and J. H. Earls, M.D.
Sydenham, S.E. 26	30	30	Capt. F. H. Little, Miss E. B. Brodie, and Mrs. M. A. H. Little.

q. Limited to quiet and harmless cases.

PROVINCIAL LICENSED HOUSES.

of the Board of Control.

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COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Beds [Bedford Borough]	Bishopstone House, Bedford	Mrs. Beatrice Peele, Miss B. C. Peele, Mrs. D. M. Sutton, Miss F. Gibbons, Miss D. Palmer, and Miss A. George.	—	10	10	Bedford	Rowland Hill Coombs, D.L., M.D., M.R.C.P.
Beds ...	Springfield House, Bedford	Mrs. M. L. Bower, C. W. Bower, L.M.S.S.A., and Mrs. G. E. Jones.	Not more than 24	34	48	J. B. Graham, ditto	E. C. Sharpin, L.R.C.P.
Derby ...	Wye House, Buxton ...	W. W. Horton, M.D., and Mrs. I. C. Dickson.	22	22	44	W. B. Bunting, Chapel-en-le-Frith.	W. Shipton, M.D.
Devon ...	Court Hall, Kenton, Exeter	Miss B. M. Mules, M.D., and Miss A. S. Mules, L.R.C.P.	—	8	8	F. A. Pearce, Exeter	L. P. Black, M.B., D.P.H.
" ...	Plympton House, Plympton		18	26	44	R. B. Johns, Plymouth	E. L. Fox, M.D.
Durham ...	Middleton Hall, Middleton St. George.	R. H. O. Garbutt, L.R.C.P., T. C. Barkas, O.B.E., M.B., and J. W. Astley-Cooper, L.R.C.P.	25	40	65	G.H. Watson, Darlington	T. Beattie, M.D., F.R.C.P.
Essex ...	Littleton Hall, Shenfield, Brentwood.	Miss M. G. E. Wilson, H. G. L. Haynes, L.R.C.P., and Mrs. M. Haynes.	—	25	25	H. F. Bawtree, Witham	R. W. Quennell, O.B.E., L.R.C.P.
Gloucester ...	Northwoods, Winterbourne, Bristol.	J. D. Thomas, M.B., H. J. Cates, M.D., and Mrs. R. Cates.	—	—	50†	C. A. H. Montague, 65, Stokes Croft, Bristol.	{ J.R. Charles, M.D., F.R.C.P., and J. V. Blachford, C.B.E., M.B.
" ...	The Retreat, Fairford	A. C. King-Turner, M.B., C. J. King-Turner, and Miss E. King-Turner.	—	—	50*	Robert W. Ellett, Cirencester.	D. G. Cossam, M.B.

† Not more than 30 females.

* Not more than 25 males.

PROVINCIAL LICENSED HOUSES—continued.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Kent -	Malling Place, West Malling, Kent.	G. H. Adam, L.R.C.P., and H. Gray, L.R.C.P.	18*	21*	39	C. E. Warner, Tonbridge	{ E. S. Cardell, L.R.C.P. Hy. A. Andrews, L.R.C.P.
Lancaster -	Haydock Lodge, Ashton, Newton-le-Willows.	C. T. Street, L.R.C.P., Mrs. Mabel R. Street, J. C. Wootton, M.C., L.R.C.P., Mrs. M. Wootton, Mrs. E. Mould, and T. J. McCarthy, L.R.C.P.I.	Not more than 80	90	150	H. Hatton, Warrington	H. Langdale, M.D.
" [Liverpool City].	Tue Brook Villa, Liverpool	F. E. Ingall, F.R.C.S., J. J. Tisdall, L.R.C.P., C. J. Tisdall, M.B., J. M. Moyes, M.B., and Mrs. A. E. B. Moyes.	Not more than 38	26	52	C. T. Barton, Clerk to Justices, Liverpool.	{ R. I. Richardson, M.B. T. Clarke, M.D.
Lancaster -	Shaftesbury House, Formby, Liverpool.	Mrs. F. W. Gill, Miss V. F. D. Gill, Mrs. E. M. Gill, John W. Jones, and C. J. Tisdall, M.B.	Not more than 10	40	40	G. W. Swift, 74, Hanover St., Liverpool.	H. Langdale, M.D.
Norfolk [Norwich City].	Heigham Hall, Norwich ...	J. G. Gordon-Munn, M.D., G. S. Pope, L.R.C.P., and Mrs. L. Pope.	40	55	95	} W. R. Cooper, Norwich	H. J. Starling, M.D.
"	The Grove, Catton Grove Road, Norwich.	Miss F. R. McLintock, and Miss H. M. McLintock.	—	21	21		
Shropshire	Stretton House, Church Stretton.	Lieut.-Col. A. A. Watson, C.M.G., D.S.O., L.R.C.P., M. A. Cholmeley, L.R.C.P., S. T. H. Lane, and Miss P. Ginns.	40	—	40	W. Baxter, Shirehall, Shrewsbury.	H. W. Gardner, M.B.E., M.D., F.R.C.P.

Shropshire ...	Grove House, All Stretton	J. McClintock, L.R.C.P., Mrs. F. E. G. McClintock, Miss G. M. T. Daniell, Mrs. G. M. Lane, and Sarah O'Boyle, M.B.	—	40	40	W. Baxter, Shirehall, Shrewsbury.	H. W. Gardner, M.D., F.R.C.P.	M.B.E.
„	Boreatton Park, Baschurch, near Shrewsbury.	E. H. O. Sankey, M.B., and Miss K. M. O. Sankey.	12	18	30	Ditto	Ditto.	
Somerset	Brislington House, Bristol	Mrs. A. Fox, J. M. Rutherford, M.B., and F. E. Fox, L.R.C.P.	44	62	106	C. E. Newman, 14, Boulevard, Weston-super-Mare.	R. E. Moorhead, L.R.C.P., J. R. Charles, M.D., J. Wallace, O.B.E., M.B., John Allen, M.B., and W. H. Maidlow, M.D.	
„	Bailbrook House, Bath-easton.	Col. H. A. Bray, C.B., C.M.G., L.R.C.P., E. M. Wright, and S. J. Gillilan, O.B.E., M.B.	Not more than 6	40	44			
Stafford	Ashwood House, Kingswinford, Dudley.	H. G. Peacock, L.R.C.P., and J. F. G. Pietersen, L.R.C.P.	11	20	31	Eustace Joy, County Buildings, Stafford.	C. Reid, O.B.E., M.B.	
„	Moat House, Tamworth ...	W. Lowson, M.B., and Miss G. J. Baylis.	—	16	16	Ditto	Ditto.	
Surrey	The Silver Birches, Church-street, Epsom. ...	Miss M. O. Daniel and E. G. C. Daniel, M.B.	—	14	14	D. Aukland, County Hall, Kingston-on-T.	P. C. Coombes, L.R.C.P.	
Sussex, East	Ticehurst House ...	C. F. F. McDowall, M.D., H. A. H. Newington, D. H. Cooper and H. McMahon.	43	49	92	H. J. T. McIlveen, County Hall, Lewes.	F. Fawssett, M.B.E., M.B.	
„	St. George's Retreat, Burgess Hill.	Miss Ward, Miss McEvoy, Miss Stoker, and Miss Collins.	—	75	75	Ditto	Ditto.	
„	Periteau House, Winchelsea, Sussex.	H. Baird, M.D., and Mrs. I. M. Baird	—	5	5	Ditto	Ditto.	
„ [Hastings Borough]	Ashbrook Hall, Hollington	Charles E. H. Somerset and Mrs. E. M. Somerset.	—	q. 6	6	F. G. Langham, 44A, Robertson-street, Hastings.	E. R. Mansell, L.R.C.P.	
Warwick	Glendossill, Henley - in - Arden.	W. Agar, L.R.C.P., Mrs. Mary D. Agar and Miss E. M. McKay.	12	28	40	A. C. Burrows, 1, New Street, Warwick.	T. W. Thursfield, M.D., F.R.C.P.	
Wilts [New Sarum City].	The Old Manor, Salisbury	Sir Cecil H. E. Chubb, Bart., LL.B., and S. E. Martin, M.B.	—	—	672†	A. C. Jonas, Salisbury...	E. T. Fison, O.B.E., M.D., F.R.C.S., and R. C. Monnington, M.D.	

q. Limited to quiet and harmless cases. * Proportion of sexes may be varied. † Not more than 550 to be of the Private Class.

PROVINCIAL LICENSED HOUSES—continued.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Wilts	...						
	Laverstock House, Salisbury	J. R. Benson, F.R.C.S., Lt.-Col. C. B. Benson, D.S.O., and Miss M. Marrinan.	Not more than 50	50	70	W. L. Bown, Trowbridge	A. W. K. Straton, L.R.C.P.
"	Fiddington House, Market Lavington, Devizes.	J. R. Benson, F.R.C.S., Mrs. May Benson, Lt.-Col. C. B. Benson, D.S.O., and the Rev. E. Benson.	8 to 22	8 to 22	30	Ditto	G. S. A. Waylen, L.R.C.P.
"	Kingsdown House, Box ...	H. C. MacBryan, L.R.C.P., Mrs. A. K. MacBryan, and J. R. P. Phillips, O.B.E., L.R.C.P.	Not more than 13	43	43	Ditto	A. D. Hamilton, M.D.
York, W.R.	Greta Bank, Burton-in-Lonsdale, Kirkby Lonsdale.	Miss Sarah J. Perkin, J. C. Wootton, M.C., L.R.C.P., Mrs. Edith Mould, and C. T. Street, L.R.C.P.	10 or 10	10	10	W. H. Coles, Wakefield	L. T. Wells, L.R.C.P.
"	The Grange, Kimbworth, Rotherham.	G. E. Mould, L.R.C.P., and Mrs. B. L. Mould.	—	20	20	C. L. des Forges, Rotherham.	W. Barr, M.D.
" [Rotherham Borough]	...						
York City	The Pleasaunce, Heworth, York.	L. D. H. Baugh, M.B., and Mrs. J. S. Baugh, M.B.	Not more than 9	17	22	H. V. Scott, York	J. Acomb, M.D.

LIST of STATE and CERTIFIED INSTITUTIONS, CERTIFIED HOUSES, and APPROVED HOMES under the MENTAL DEFICIENCY ACT, 1913, with the Names of Managers or Owners, Clerks to Visitors, and the Number and Class of Patients.

(Corrected to July, 1929.)

STATE INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate	Name and Address of Institution.	Names of Managers or Owners.	Name of Superintendent.	Number and Class of Defectives.
Nottingham ...	Rampton, Retford ...	The Board of Control, Caxton House West, London, S.W.1.	W. R. Thomas, M.D.	376 males and 253 females of dangerous or violent propensities. 53 females of dangerous or violent propensities.
Warwick ...	Warwick State Institution, The Cape, Warwick.	Do. do. do.	Mrs. G. E. Newsome	

CERTIFIED INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B.= County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Berkshire ...	Cumnor Rise, Cumnor	The Oxford Branch of the National Association for Promoting the Welfare of the Feeble-minded. Hon. Sec. of Branch :—Hon. P. Bruce, 4, Wellington Place, St. Giles, Oxford. Middlesex County Council.	H. J. C. Neobard, Shire Hall, Reading. Do. do.	34 feeble-minded females, not more than 5 of whom are to be private patients. The age of admission is from 14 years. Epileptics and fallen women not taken. Poor Law cases received. 92 adult females and 14 juveniles.
Bucks ...	Craufurd Home, Maidenhead The Manor House, Aylesbury	The Bucks M.D. Committee.	H. Fisher, County Hall, Aylesbury.	45 patients. Not more than 6 males and 39 females.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Carmarthen ...	Pantglas Hall, Llanfynydd Road, Carmarthen.	The West Wales Joint Board ...	J. W. Nicholas, County Offices, Carmarthen.	90 females of 7 years of age and upwards. Trainable cases only.
Cheshire ...	Ashton House (Seaside Laundry Home), Parkgate, Chester. Sandlebridge, Alderley Edge.* ...	Committee of Management ... Incorporated Lancs and Cheshire Society for the Permanent Care of the Feeble-minded. Sec.:—E. M. Richards, 72, Bridge Street, Manchester.	E. W. T. Gasking, Birkenhead. R. Potts, Northgate Street, Chester.	40 high-grade feeble-minded girls. Admission over 14 years of age. 371 of either sex.
Cornwall...	Convent of the Good Shepherd, St. Anne's, Saltash. Durrant Hill House, Carlisle.	Committee of Management ...	W. L. Platts, Truro.	<i>Certified by Board of Education for 65 boys and 44 girls.</i> 10 Roman Catholic female adults. High or medium grade.
Cumberland ... (Carlisle C.B.)	Aston Hall, Aston-upon-Trent. Whittington Hall (Midland Counties Institution), Chesterfield.†	Westminster Diocesan Education Fund ... Sec.:—Archbishop's House, Victoria Street, London, S.W.1. Nottingham City Council ...	A. H. Collingwood, 15, Fisher Street, Carlisle. W. B. Bunting, Chapel - en - le - Frith. Do. do.	65 feeble-minded Roman Catholic females, aged 16 years and over. Criminals and fallen women not accepted. Poor Law cases received. 97 feeble-minded females. 400 females.
Derby ...	Thornhill, Trowels Lane, Derby.	The Incorporation of National Institutions for Persons requiring Care and Control. Warden:—Rev. H. N. Burden, 14, Howick Place, Victoria Street, London, S.W.1. Derby Borough Corporation ...	W. R. H. Whiston, Idridgehay, Derby.	39 females. Not more than 33 able-bodied imbeciles under 16 and not more than 6 feeble-minded adults.
Devon ... (Exeter C.B.)	The Devon and Exeter Home of the Good Shepherd, Holloway Street, Exeter; <i>with ancillary premises</i> : The Chantry, Exeter;	Committee of Management ...	J. I. Pengelly, The Court House, Exeter.	82 feeble-minded females. 64 at Devon and Exeter Home and 18 at The Chantry.

Durham ...	The Home of the Holy Innocents, Franklyn, St. Thomas, Exeter.	County Council of Devon ...	J. I. Pengelly, The Court House, Exeter.	44: 27 cot and chair cases of either sex and 17 high or medium grade females over 16 years of age.
	Western Counties Institution, Starcross, near Exeter; * with ancillary premises: Elm Court, Starcross.	Committee of Management ...	F. A. Pearce, 14, Castle Street, Exeter.	49 males: 16 years of age and under, and 1 male and 3 female adults. All classes within the meaning of the Act.
	Monkton Hall Home for Lads, Monkton, Jarrow-on-Tyne.	The Committee of the North-Eastern Association for the Care of the Feeble-minded. Sec.:—J. Stewart, 90, Pilgrim Street, Newcastle-upon-Tyne.	Do. do.	320 males and 165 females. <i>Certified by Board of Education for 83 boys and 52 girls.</i> 38 females, feeble-minded and moral defectives.
Essex ...	St. Catherine's Home, Allergate, Durham.	Committee of Management ...	G. H. Watson, Darlington.	79 male feeble-minded cases. Age on admission, 16 to 20 years.
	Shotley Bridge Colony, Shotley Bridge, Durham.	The Newcastle-upon-Tyne Mental Deficiency Committee.	Do. do.	8 females. Feeble-minded and moral, under the age of 18 years at time of admission.
	Bigod's Hall, near Dunmow, Essex.*†	Committee of Management ...	Do. do.	186 males and 158 females, all classes.
	Brunswick House, Mistley.	The L.C.C. Mental Hospitals Committee... Clerk:—Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.	H. F. Bawtree, Witham.	6 males. Imbeciles and feeble-minded up to the age of 16 years. <i>Certified by Board of Education and by Home Office for 61 boys.</i>
	The Mutual Sanatorium (New Lodge, Leon House, The Homestead and St. Keverne), Billericay.	The Mutual Sanatoria, Ltd. ... Sec.:—E. L. Coppin, New Lodge, Billericay.	Do. do.	75 males, not less than 16 years of age. Reserved for London cases only.
	Etloe House, Church Road, Leyton, E.10.	<i>Corresponding Manager:—</i> The Right Rev. Mgr. W. O'Grady, St. George's, Walthamstow, E.17.	Do. do.	54 males, excepting those who are dangerous to themselves or others, runaways, or who require physical restraint and are unsuitable for care on the "open-door" system. 122 feeble-minded females, from 16 years of age and of the Roman Catholic religion. Poor Law cases received.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Essex—cont. ...	Royal Eastern Counties Institution, Colchester,*† with ancillary premises: Lexden House, Colchester; East Hill House School, Colchester; Hillsleigh, 10, East Hill, Colchester; Greenwood Schools, Halstead; Crossley House, Clacton; Bridge Home, Witham; and Littleton House School, Girton, Cambridge.	Board of Directors (Medical Superintendent: F. D. Turner, M.B.)	C. W. Denton, 9, East Stockwell Street, Colchester.	1,128 males and females. <i>Certified by Board of Education for 137 boys or girls, and by Home Office for 17 girls.</i> Main institution—546 males and females. Lexden House—65 adult females. East Hill House—60 males, of whom 4 may be cases over 16 years of age. Hillsleigh—40 boys of school age. Greenwood—90 females. Crossley House—61. Bridge Home—257 adult males.
	Walsham How Home, 1, Forest Rise, Walthamstow.	The Church Army. Hon. Secretary:— Mrs. Cannon, 57, Bryanston Street, Marble Arch, W.1.	A. Tabrum, Cambridge. H. F. Bawtree, Witham.	Littleton House—9 males. 45 female adults, feeble-minded and moral defectives.
	Girls' Village Homes, Barking-side. ... <i>With ancillary premises:</i> • Warlies, Upshire, Waltham Cross.	Dr. Barnardo's Homes National Incorporated Association	Ditto ... Ditto ...	150 females, imbecile and feeble minded from 5 years of age. 60 high to medium grade adult females.
Glamorgan ...	Drymma Hall, Skewen, near Neath.	Glamorgan County Council (Medical Superintendent: E. Lewis, F.R.F.P. & S.G., L.R.C.P. & S.)	H. Rowland, County Hall, Cardiff.	79 females. All classes within the meaning of the Act.

264. All classes within the meaning of the Act, being males over the age of 18 years.
29 female feeble-minded cases. Age on admission 14 to 25 years, and of the Church of England. Cases over the age of 25 to be received only with the previous consent of the Board.

C. A. H. Montague,
65, Stokes Croft,
Bristol.
E. T. Gardom, O.B.E.,
Shire Hall, Gloucester.

Board of Management
Hon. Sec.:—E. R. Abbot, 13, Victoria Street, London, S.W.1.
The Committee of Management

Brentory Certified Institution, Westbury-on-Trym, Bristol. ...
St. Mary's Home, Painswick, near Stroud.

Stoke Park, † Bristol, with ancillary premises: Royal Victoria Home, Horfield, Bristol; Clevedon Hall, Clevedon, Somerset; Beech House and Heath House, and Hanham Hall, Hanham; Leigh Court, Abbot's Leigh, near Bristol; The Tower Block; and The Elms, Stapleton.

(Bristol C.B.)

Chasefield Laundry Home, 874, Fishponds Road, Fishponds, Bristol.

C. A. H. Montague,
65, Stokes Croft,
Bristol.

The Incorporation of National Institutions for Persons requiring Care and Control. Warden:—Rev. H. N. Burden, 14, Howick Place, Victoria Street, London, S.W.1.

S. Young, Petty Sessionsal Court House, Bristol.

The Sub-Committee of the Bristol Preventive Mission (for the management of Chasefield).
Hon. Secs.:—Miss Alice Mary Lavington and Miss Clara E. Sheppard, Stoberry Lodge, 18, Ashgrove Road, Redland, Bristol.

Patients.
Males and Females.

Stoke Park ...	...	750
Royal Victoria Home	...	42
Clevedon Hall ...	...	108
		Males.
Beech House	...	90
Heath House	...	88
Hanham Hall	...	240
The Tower Block	...	130
		Females.
Leigh Court...	...	260
The Elms† ...	.....	40

Total not to exceed ... 1,748

Males	...	898
Females	...	1,000

Class:—All classes within the meaning of the Act.

Certified by Home Office for 1,748 cases.

40 feeble-minded females. Poor Law cases received.

* Certified as a Special School by Board of Education.
† Certified as a Special Industrial School by Home Secretary.

‡ Blind patients.

CERTIFIED INSTITUTIONS.—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situated C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
<i>contd.</i> (Bristol C.B.)—	Arno's Court, Arno's Vale, Bristol.	The Committee of Management.	S. Young, Petty, Sessional Court House, Bristol.	12 high-grade female adults.
Do. ...	The Royal Fort Home, St. Michael's Hill, Bristol	The Committee of the Bristol Preventive Mission.	Do. do.	30 females. Poor Law cases received.
Hampshire ...	Coldeast Colony, Sarisbury, Southampton.	Southampton County Council. Medical Superintendent: Alban Wilson, (L.R.C.P., D.P.M.)	F. V. Barber, The Castle, Winchester.	53 female imbeciles, feeble-minded and moral defectives over the age of 16 years.
	St. Mary's Home, Alton, Hants, <i>with ancillary premises:</i>	Sisters of the Community of St. Mary the Virgin, of Wantage, Berks.	F. V. Barber, The Castle, Winchester.	65 females over the age of 16 years, who may have had illegitimate children. Poor Law cases received. Not more than 45 at St. Mary's Home, Alton.
	The Home of the Holy Rood, Worthing; St. Bridget's House, Spelthorne St. Mary, Bedford, Feltham; <i>and</i> St. Mary's Home, Halton, Hastings.		S. Thornely, County Hall, Chichester. E.S.W.Hart, Guildhall, Westminster, S.W.1.	Not more than 13 at the Home of the Holy Rood. Not more than 7 at St. Bridget's House.
	Mount Tabor, Darlington Road, Basingstoke.	The Sisters of the Transfiguration ...	F. G. Langham, Palace Chambers, White Rock, Hastings.	8 high grade females between the ages of 16 and 40 years.
Herts ...	Hillside, Buntingford, Herts. †	Westminster Diocesan Education Fund ... Sec.:—Archbishop's House, Westminster, London, S.W.1.	F. V. Barber, The Castle, Winchester.	48 feeble-minded females 16 years of age and over. Church of England cases only.
	The Hangars, Porter's Park Estate, Shenley, Barnet.	Middlesex County Council.	Sir Chas. E. Longmore, K.C.B., Hertford.	48 males suitable to be housed and instructed with children, for whom the school is primarily intended. <i>Certified by the Home Office for 40 boys.</i>
			Do do.	100 high grade adult males of employable and trainable type.

Kingsmead Schools, Ware Road, Hertford.*	Managers appointed by the Herts County Council.		Do.	22. All classes. 10 adult females and 12 of an age and degree of mental defect such as would permit of their being housed and instructed with children, for whom the School is primarily intended. <i>Certified by Board of Education for 70 boys and 56 girls.</i>
	The Very Rev. Canon Sutcliffe, F. W. Sherwood, Esq., S. Moorat, Esq., Dr. C. H. Cockran, Miss M. M. Sutcliffe, and Mrs. F. P. Hobson. Sec.:—Archbishop's House, Westminster, S.W.1.		do.	<i>School</i> —3 males and 3 females. <i>Certified by Board of Education for 14 boys and 42 girls, and by the Home Office for 56 cases.</i> <i>Colony</i> —3 males and 99 females. Idiots, imbeciles, and feeble-minded cases of the Roman Catholic religion. 71 males, 68 females.
St. Elizabeth's Home for Epileptics, Much Hadham.*†	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1. Adcote Committee ... Hon. Sec.:—Mrs. R. M. Weeks, The Grove, Gatacre, Liverpool		C. E. Warner, Tonbridge.	19 high-grade feeble-minded girls; age on admission over 14 years. Roman Catholics not received.
	Board of Management ... Hon. Sec.:—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.		Do.	1 male and 40 females. Feeble-minded cases of a degree of mental defect such as will permit of their living in association with and being instructed or trained with the children for whom the School is primarily intended. <i>Certified by Board of Education and by Home Office for 24 boys and 82 girls.</i>
(Liverpool C.B.)	Lancashire Asylums Board ... Clerk:—Sir George Etherton, County Offices, Preston. (Medical Superintendent:—F. A. Gill, M.D., C.M.)		L. Cotman, 8, Lune Street, Preston.	2,493. 1,085 males and 1,050 females at Calderstones and not more than 42 males and 316 females at Brockhall. All classes, including epileptics, within the meaning of the Act.
	Calderstones, Whalley, near Blackburn, <i>with ancillary premises</i> : Brockhall, Langho, near Blackburn.			

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† Certified as a Special Industrial School by Home Secretary

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situated C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
(Liverpool C.B.)— <i>cont.</i>	Dovecot (Horticultural School), Knotty Ash, Liverpool.*†	Dovecot Committee Hon. Sec.:—Rev. F. A. H. Score, Westmorland Road, Huyton, near Liverpool.	C. T. Barton, Clerk to Justices, Liverpool.	30 feeble-minded females; 26 over the age of 16 and 4 of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the school is primarily intended. <i>Certified by Board of Education for 38 girls and by Home Office for 64 girls.</i>
	Gillibrand Hall, Chorley	Committee of Management	L. Cotman, 8, Lune Street, Preston.	40 female feeble-minded cases. Principally adults with a limited number of children under 16.
Do. ...	The Home, 4, Everton Terrace, Liverpool.	Do. do.	C. T. Barton, Clerk to Justices, Liverpool.	15 females. Feeble-minded and moral defectives over the age of 16 years.
Lancashire ...	Pontville R.C. Special School, Aughton, Ormskirk.*†	Board of Management Hon. Sec.:—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.	G. W. Swift, 74, Hanover Street, Liverpool.	25 males: Roman Catholic feeble-minded children between the ages of 5 and 16 years. <i>Certified by Board of Education for 121 boys and by Home Office for 98 boys and 15 girls.</i> 800 males and females.
	Royal Albert Institution, Lancaster.	Central Committee of Management ... (Medical Superintendent: W. H. Coupland, L.R.C.P. & S., Ed.)	J. T. Sanderson, 67, Church Street, Lancaster.	
Leicester ... (Leicester C.B.)	Leicester Frith, Groby Road, Leicester, <i>with ancillary premises:</i> Cross Corners, 2, Thurcaston Rd., Leicester; <i>and</i> Birstall Holt, Birstall Lane, Birstall, Leicester.	The County Borough Council of Leicester, Clerk of the M.D. Committee, Alliance Chambers, Horsefair Street, Leicester.	W. J. Freer, 10, New Street, Leicester. Do. do.	120 of either sex; imbeciles, feeble-minded, and moral defectives. 30 females; imbeciles, feeble-minded, and moral defectives.
			Do. do.	33 able-bodied, medium grade juvenile imbeciles.

London ...	The Helping Hand Home, 16, Cathcart Hill, Highgate, N.19.	Committee of the Association for Helping Mentally Deficient Children. Hon. Sec.:—Mrs. Geoffrey Russell, 20, Gower Street, W.C.1.	Jno. Dix, Sessions House, Newing- ton, S.E.1.	30 feeble-minded females, preferably from the age of 16 years.
	London Lock Hospital, 283, Harrow Road, W.9. South Side Home, Streatham Common, S.W.16	Committee of Management ...	Do. do.	7 female feeble-minded and moral defectives.
	St. Michael's Convent, North Side, Streatham Common, S.W.16.	The L.C.C. Mental Hospitals Committee... Clerk :—Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.	Do. do.	80 females. Imbeciles, feeble-minded and moral defectives. Higher-grade cases, chiefly above 16 years of age, but including some younger children and physically defective cases, to be accommodated on the ground floor. Reserved for London cases only. 20 high grade adult females.
Middlesex ...	St. Michael's Convent, North Side, Streatham Common, S.W.16. St. Teresa's, 97, Belmont Hill, Lewisham, S.E.13. Bramley House, Gordon Hill, Enfield.	The Order of the Poor Servants of the Mother of God.	Do. do.	120 female adults, high and medium grade.
	Crathorne, Oak Lane, East Finchley, N.2.	Committee of Management ...	Do. do.	50 female feeble-minded cases, aged 16 years and upwards.
	Pield Heath House School, Hillingdon, Uxbridge.*†	Middlesex Mental Deficiency Committee... Clerk :—H. Scott Freeman, Staines.	E.S.W.Hart, Guild- hall, Westminster. S.W.1.	33 mothers and their children who are feeble-minded or moral defectives. The number of mothers never to ex- ceed 20, and no child to be retained beyond the age of 7 years. Poor Law cases received.
	St. Raphael's, The Butts, Brentford St. Bridget's House, Spelthorne St. Mary, Bedfont, Feltham.	The Church Army ... Hon. Sec.:—Mrs. Cannon, 57, Bryanston Street, London, W.1.	Do. do.	50 females. Feeble-minded and moral defectives of the Roman Catholic religion. Total cases not to exceed 120, and all to be fit for association with children.
		Board of Management ...	Do. do.	<i>Certified by Board of Education for 62 girls, and by Home Office for 77 girls.</i> 60 high grade feeble-minded girls of 16 years and upwards.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Somerset ...	The Friars, Fryern Lawn, Bridgwater.	Miss A. E. Best	C. E. Newman, 14, Boulevard, Weston-super-Mare.	17 females. Feeble-minded and moral defectives.
(Bath C.B.) ...	Sandhill Park, Bishop's Lydeard, Taunton.*	Somerset C.C.	C. E. Newman, 14, Boulevard, Weston-super-Mare.	72 feeble-minded females. <i>Certified by Board of Education for 47 feeble-minded girls.</i>
(Do.) ...	The House of Help for Women and Girls, 112, Walcot Street, Bath.	Board of Management Sec.:—Miss L. Glynn Baker, 112, Walcot Street, Bath.	E. N. Fuller, LL.B., Bath.	66 feeble-minded females.
(Do.) ...	Rock Hall House (Magdalen Hospital School), Combe Down, Bath.	Municipal Charity Trustees of the City of Bath.	Do. do.	38 children of both sexes.
Stafford ...	Stoke Park, Bristol, with ancillary premises. Yatton Hall, Yatton, near Bristol.	See under County of Gloucester. County Council of Somerset Sec.:—C. E. Newman, 14, Boulevard, Weston-super-Mare.	C. E. Newman, 14, Boulevard, Weston-super-mare. H. Poole, New-castle-under-Lyme.	76—low-grade children—of both sexes (of whom not more than 33 may be boys) and high-grade girls. 50 of all classes within the meaning of the Act: males up to the age of 14 years and females of all ages.
Suffolk ...	The Cloughs, Keele Road, Newcastle-under-Lyme.	Stoke-on-Trent County Borough Council	F. S. Ward, 32, Museum Street, Ipswich.	21 females. High-grade feeble-minded cases—age on admission 8 to 18 years.
Surrey ...	Handford Home, Ranelagh Road, Ipswich.	Ipswich County Borough Council...	T. M. Braithwaite, Sudbury.	20 feeble-minded females from 16 to 20 years of age, and of the Roman Catholic religion. Poor Law cases received.
Surrey ...	St. Joseph's Home, The Croft, Sudbury.	Board of Management	D. Auckland, County Hall, Kingston-on-Thames.	133 males (adults or adolescents) of criminal experience or intractable disposition.
Surrey ...	Farmfield, near Horley, Surrey.	L.C.C. Mental Hospitals Committee Clerk:—Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.	Do. do.	488 males and 565 females. All classes within the meaning of the Act. Reserved for London cases only.
Surrey ...	The Manor Institution, Epsom, Surrey.	Do. do. (Medical Superintendent: E. S. Littlejohn, L.R.C.P.)	Do. do.	

Sussex, East	The Royal Earlswood Institution for Mental Defectives, Redhill, <i>with ancillary premises</i> Hollywood Lodge, Ep- som Common.	Board of Management (Medical Superintendent: S. Langton, M.B.)	Do.	Do.	About 600 patients of both sexes.
	The Royal Hostel, Royal Common, Elstead, Godalming.	Surrey Voluntary Association	Do.	Do.	38 high-grade female adults. 26 high-grade male adults.
	Eagle House, London Road, Mitcham.	Surrey Voluntary Association	Do.	Do.	46 high grade imbecile and feeble-minded females over 16.
	The Ellen Terry National Home for Blind Defec- tive Children, Reigate* The Hermitage, 6, Mor- land Road, Croydon.	Executive Committee, Braille and Servers of the Blind League. Croydon County Borough Council	Do.	Do.	18 imbecile and feeble-minded blind up to age of 10 years. <i>Certified by Board of Education for 18 cases.</i> 20 low grade juvenile males.
Sussex, West	The Hermitage, Fairwarp, Uckfield.	The Committee: E. Sussex County Council	H. J. T. McIlveen, County Hall, Lewes.	Do.	26 females, feeble-minded and imbeciles.
	"Dungates," Horeham Road.	Brighton Guardianship Society, 2, Old Steine, Brighton.	Do.	Do.	7 feeble-minded males.
	Tubwell Farm, Jarvis Brook.	Do.	Do.	Do.	7 feeble-minded males.
Warwick	The Home of the Holy Rood, Worthing.	<i>See under County of Hampshire—St. Mary's Home, Alton.</i>			
	Midland Counties Insti- tution, Knowle, near Birmingham.	General and Managing Committee	A. C. Burrows, 1, New Street, Warwick.		150 male patients.
(Birmingham C.B.)	The Agatha Stacey Home, Rednal, near Birming- ham.	The Committee of the Agatha Stacey Home. Financial Sec.:—Miss C. P. Fleetwood, Depot, 158, Broad Street, Birmingham. Committee of Management	C. E. Barker, Bir- mingham. C. H. Bird, Shire Hall, Worcester.		49 high-grade female feeble-minded patients over 15 years of age.
Worcester	Besford Court Home, near Defford.*† <i>with ancillary premises;</i> St. Joseph's, Astwood Bank, near Redditch.				60 males; all cases, whether under or over the age of 16 years, to be of a degree of mental defect such as will permit of their being housed and instructed with the children for whom the school is primarily in- tended. Total cases not to exceed 179. <i>Certified by Board of Education and by the Home Office for 119 boys.</i>

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary

CERTIFIED INSTITUTIONS—continued.

County or County Borough within which the Institution is situate C.B. = County Borough	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Yorks, W.R. ...	Ravcliffe Hall, near Goole.	West Riding Mental Defective Committee Sec.:—W. H. Brown, County Hall, Wakefield.	W. H. Coles, Burton Street, Wakefield.	130 females. All classes within the meaning of the Act—10 years of age and upwards.
(Leeds C.B.) ...	Meanwood Park Colony, Meanwood, Leeds. <i>With ancillary premises:</i>	Leeds Mental Defective Committee ... Correspondent:—S. Wormald, Executive Officer, 38, Park Square, Leeds.	F. Richards, Town Hall, Leeds.	67 males and 117 females. Idiots, imbeciles and feeble-minded. 48 male cases to be not more than 14 years of age and 19 to be cases over 15 years of age and of the employable class.
(Do.) ...	Meanwood Towers, Stonegate Road, Meanwood, Leeds.	Do.	Do.	64 low grade males, of whom not more than 10 shall be cot and chair cases.
Yorks, W.R. ...	Kepstorn, Morris Lane, Kirkstall, Leeds. Mid-Yorks Certified Institution, Whixley, Yorks.	Do. Mid-Yorkshire Joint Board for the Mentally Defective. Clerk:—T. Thornton, Town Clerk's Office, 11, Park Square, Leeds. West Riding M.D. Acts Committee ...	Do. W. H. Coles, Burton Street, Wakefield.	40 females. High grade feeble-minded patients over 16 years of age. 200 males. All classes within the meaning of the Act.
(Sheffield C.B.)	The Mansion, Kirkburton, near Huddersfield. Oulton Hall, Oulton, near Leeds. Hollow Meadows, Malin Bridge, Sheffield. Wales Court, Wales, Kiveton, Sheffield.	Do. Do. Sheffield City Council ... Do.	Do. Do. Do. Do.	60 male imbecile and low-grade cases, of whom 12 may be of lowest grade. 160 males. In-County cases only. 58 imbecile and feeble-minded males.
(Bradford C.B.)	Ashfield, 269, Thornton Road, Thornton, near Bradford. Westwood, Clayton Heights, Clayton, near Bradford Tilworth Grange, Sutton, Hull.	The County Borough Council of Bradford Clerk:—Town Clerk, Town Hall, Bradford. Do. Kingston-on-Hull County Borough Council	T. Gill, Bradford W. H. Coles, Burton Street, Wakefield. J. R. Procter, County Hall, Beverley.	47 females. All classes within the meaning of the Act. 50 males. All classes within the meaning of the Act. 50 females. All classes within the meaning of the Act. 50 females. All classes within the meaning of the Act.

INSTITUTIONS APPROVED UNDER SECTION 37.

COUNTY or COUNTY BOROUGH within which the Institution is situated C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.		Clerk to Visitors.	Number and Class of Defectives.
Bedford ...	Kimbolton Road, Bedford.	The Guardians:	Bedford Union ...	Clerk of the Peace, Bedford.	13 adult females.
	Leighton Buzzard ...	Do.	Leighton Buzzard Union	J. B. Graham, Shire Hall, Bedford.	6 female adult feeble-minded and moral defectives.
	Abingdon, Berks ...	Do.	Abingdon Union	F. H. Pryce, Abingdon.	6 males and 6 females.
Berks ...	Bradfield, near Reading	Do.	Bradfield Union...	H. J. C. Neobard, Shire Hall, Reading.	8 female adults. Feeble-minded cases.
Bucks ...	100, Bierton Hill, Aylesbury.	Do.	Aylesbury Union	H. Fisher, County Hall, Aylesbury.	18 male and 12 female adults.
	19, Stratford Road, Buckingham.	Do.	Buckingham Union	Do. do.	14 male and 10 female adults.
	Winslow ...	Do.	Winslow Union ...	Do. do.	9 males and 33 females. Imbeciles and feeble-minded.
Cambridge ...	81A, Mill Road, Cambridge.	Do.	Cambridge Union	J. Lyon, 21, St. Andrew Street, Cambridge.	4 male and 10 female adults. Suitable for treatment in a common ward.
	Chesterton ... The Red House, Linton	Do. Do.	Chesterton Union Linton Union ...	Do. do. A. Tabrum, Clerk of the Peace, Cambridge.	2 male and 8 female adults. 4 female adult feeble-minded and moral defectives.
Isle of Ely ...	Cambridge Road, Ely...	Do.	Ely Union ...	C. E. F. Copeman, County Hall, March.	6 female adults.

INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Carnarvon ...	Bodvan, Carnarvon ...	The Guardians: Carnarvon Union	A. Bodvel-Roberts, Carnarvon.	19 males and 16 females under the age of 16 years. 24 adults.
Cheshire ... (Birkenhead C.B.)	Birkenhead Union Sanatorium, Tranmere, Birkenhead. 57, Hoole Lane, Chester	Do. Birkenhead Union Do. Chester Union ...	E. W. T. Gasking, Sessions Court, Birkenhead. R. Potts, Northgate Street, Chester.	40 females; 25/30 being under 16 years and 10/15 adults. 15 male and 40 female adults.
Cornwall ...	Tarvin House, Boughton Heath, Chester. Bodmin ... Falmouth ...	Do. Tarvin Union ... Do. Bodmin Union ... Do. Falmouth Union	Do. do. W. L. Platts, Clerk of the Peace, Truro. Do. do.	5 male and 20 female adults. 34 males and 13 females; (10 adult males, 13 adult females, and 24 male juvenile defectives.) 24 females. Not more than 20 low grade juveniles, or more than 4 high grade and stable adults.
Denbigh ... Derby ... (Derby C.B.)	Ruthin ... Chesterfield ... Uttoxeter Road, Derby	Do. Ruthin Union ... Do. Chesterfield Union Do. Derby Union ...	E. Parry, Ruthin. W. B. Bunting, Chapel-en-le-Frith. W. R. H. Whiston, Derby.	15 male and 20 female adults. 1 adult female. 30 adult females.
Devon ... (Plymouth C.B.) (Exeter C.B.)	Shire Hill View, Glossop 19, Alexandra Road Barnstaple. Crediton ... Ford House, Wolseley Road, Devonport. Heavitree Road, Exeter	Do. Glossop Union ... Do. Barnstaple Union Do. Crediton Union ... Do. Devonport Union Do. Exeter Union ...	W. B. Bunting, Chapel-en-le-Frith. J. H. L. Brewer, Barnstaple. F. A. Pearce, Exeter J. Bone, Plymouth. J. I. Pengelly, The Court House, Exeter.	15 male and 12 female adults; imbecile and feeble-minded defectives. 20 male and 6 female adults. 18 male and 20 female adults. 25 males and 50 females. 12 adults of each sex.
	Honiton ...	Do. Honiton Union	F. A. Pearce, Exeter	24 female adults.

(Do.) ...	St. Thomas, Exeter ...	Do.	St. Thomas' Union ...	J. I. Pengelly, The Court House, Exeter.	6 male and 12 female adults.
	1, North Road, South Molton.	Do.	South Molton Union ...	R. L. Riccard, South Molton.	15 male and 24 female adults.
Dorset ...	St. Andrew's Road, Bridport.	Do.	Bridport Union ...	J. L. Torr, Dorchester.	14 female adults.
Durham (Darlington C.B.)	Feetham Infirmary, Yarm Road, Darlington.	Do.	Darlington Union ...	G. H. Watson, Darlington.	4 males and 6 females. Idiots, imbeciles and feeble-minded.
(Gateshead C.B.)	Gateshead ...	Do.	Gateshead Union ...	Do. do.	20 adults of each sex.
(Sunderland C.B.)	"Highfield," Hylton Road, Sunderland.	Do.	Sunderland Union ...	E. S. Dingle, Sunderland.	6 adults of each sex.
Essex ...	Saffron Walden ...	Do.	Saffron Walden Union ...	C. S. D. Wade, Clerk of the Peace, Saffron Walden.	18 female adults.
	Stanway, Colchester ...	Do.	Lexden and Winstree Union.	H. F. Bawtree, Witham.	36 female adults.
(West Ham C.B.)	The Forest Gate Sick Home,* Forest Lane, West Ham.	Do.	West Ham Union ...	J. H. Jackson, Police Court, West Ham, E.15.	20 male and 30 female adults and 10 males and 15 females under the age of 16 years.
Flint ...	St. Asaph ...	Do.	St. Asaph Union ...	H. A. Tilby, County Offices, Mold.	<i>Certified by Board of Education for 15 cases.</i> 12 adults of each sex.
Glamorgan (Cardiff C.B.)	Cowbridge Road, Ely, near Cardiff.	Do.	Cardiff Union ...	E. J. Hayward, Law Courts, Cardiff.	38 male and 30 female adults.
	Penmaen, Swansea ...	Do.	Gower Union ...	J. W. Thorpe, Magistrates' Clerk, Swansea.	12 adult females, all classes.
Gloucester (Bristol C.B.)	Stapleton, Bristol ...	Do.	Bristol Union ...	S. Young, Petty Sessional Court House, Bristol.	120 male and 140 female adults, and 40 low-grade juveniles.
(Do.) ...	South Mead Infirmary, Bristol.	Do.	do. do. ...	Do. do.	50 of each sex. 4 females over 16 years to assist in the work of the Institution.

* Certified as a Special School by Board of Education.

INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Gloucester— <i>cont.</i>	Cirencester	The Guardians : Cirencester Union ...	R. W. Ellett, Cirencester.	6 male and 18 female adults and 26 male and 20 female juveniles.
	Stow-on-the-Wold ...	Do. Stow-on-the-Wold Union	E. T. Gardom, O.B.E., Shire Hall, Gloucester.	5 male and 10 female adults.
	Gloucester Road, Winchcomb.	Do. Winchcomb Union ...	Do. do.	14 males and 18 females
Hereford ...	Ross	Do. Ross Union ...	E. W. Maples, Hereford.	25 male and 15 female adults.
Herts ...	Bishop Stortford ...	Do. Bishop Stortford Union	Sir Chas. E. Longmore, K.C.B., Hertford.	40 female adults.
	60, Vicarage Road, Watford.	Do. Watford Union ...	Do. do.	12 male and 22 female adults.
Isle of Wight ...	Parkhurst, Newport, Isle of Wight.	Do. Isle of Wight Union ...	H. Barber, The Castle, Winchester.	20 males and 20 females. Idiot, imbecile, or feeble-minded defectives between the ages of 16 and 60 years.
Kent ...	Canterbury	Do. Parish of Canterbury ...	T. A. Bowen, Clerk to Justices, Canterbury.	2 male and 10 female adults.
(Canterbury C.B.)	Dover	Do. Dover Union ...	T. B. Harby, Clerk to Justices, Dover.	6 female adults.
	Hartley, Cranbrook ...	Do. Cranbrook Union	Charles E. Warner, Tonbridge. ...	10 male and 20 female adults.
	King's Hill, West Malling	Do. Malling Union ...	Do. do.	14 female adults. Imbeciles, moral defectives, and feeble-minded.
	Eastry, Kent	Do. Eastry Union ...	Do. do.	20 male and 24 female adults.

Lancashire	...	Sundridge, Sevenoaks... Tenterden	...	Do. Do.	Sevenoaks Union Tenterden Union	...	Do. do. A. H. Latter, Tenterden.	10 male and 20 female adults. 118 females: 52 adults and 66 children.
		Pembury, Tunbridge Wells.	...	Do.	Tonbridge Union	...	Chas. E. Warner, Tonbridge.	40 males. Of trainable habits between the ages of 7 and 16 years.
		The Gill, Ulverston	...	Do.	Ulverston Union	...	J. T. Sanderson, 67, Church Street, Lancaster.	50 adult females.
		Seaford House, Seaford, near Liverpool.	...	Do.	West Derby Union	...	G. W. Swift, 74, Hanover Street, Liverpool.	101 males and 134 females.
		Eaves Lane, Chorley	...	Do.	Chorley Union	...	L. Cotman, 8, Lune Street, Preston.	15 male and 35 female adults.
Leicester	...	Billesdon, nr. Leicester	...	Do.	Billesdon Union...	...	W. J. Freer, 10, New Street, Leicester.	12 male and 14 female adults.
		North Evington, Leicester Loughborough	...	Do. Do.	Leicester Parish... Loughborough Union	...	Do. do. Do.	10 male and 10 female adults. 24 female adults; feeble-minded and high grade.
Lincoln (Lindsey)		The Home, Caistor	...	Do.	Caistor Union	...	E. W. Scorer, Lincoln.	11 female adults.
Do.	...	181, Lea Road, Gainsborough.	...	Do.	Gainsborough Union	...	Do.	12 male and 12 female adults.
(Kesteven)	...	Dysart Road, Grantham	...	Do.	Grantham Union	...	R. F. M. White, Grantham.	2 male and 15 female adults.
(Lindsey)	...	Horncastle	...	Do.	Horncastle Union	...	E. W. Scorer, Lincoln.	12 male and 9 female adults.
(Lincoln C.B.)		Lincoln	...	Do.	Lincoln Union	...	W. M. Phillips, Clerk to the Justices, Lincoln.	10 adults of each sex. Idiots, imbeciles and feeble-minded.
(Kesteven)	...	East Road, Sleaford	...	Do.	Sleaford Union	...	A. D. Piper, Sleaford.	1 male and 9 female adults.
(Lindsey)	...	The Gables, Hundleby, Lincs.	...	Do.	Spilsby Union	...	E. W. Scorer, Lincoln.	18 adults of each sex.
(Kesteven)	...	Bourne	...	Do.	Bourne Union	...	A. D. Piper, Sleaford.	4 adults of each sex.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situated C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
London ...	The Metropolitan Asylums Board Certified Institution.	The Metropolitan Asylums Board, Embankment, London, E.C.4.	<i>Darent</i> ; Chas. E. Warner, Tonbridge.	Juvenile trainable cases.
			<i>Leavesden</i> ; Sir Chas. E. Longmore, K.C.B., Hertford.	Unimprovable children and adults.
			<i>Caterham</i> ; D. Aukland, County Hall, Kingston-on-Thames.	Unimprovable adults.
			<i>Fountain</i> ; Jno. Dix, Sessions House, Newington, S.E.1. Do. do.	Idiot children.
Merioneth ...	Plumstead, S.E.18. ...	The Guardians : Woolwich Union	H. J. Owen, Clerk of the Peace, Dolly.	25 male and 45 female adults.
	Minfordd, Penrhyndeudraeth, Merioneth.	Do. Festiniog Union	E. S. W. Hart, Guildhall, Westminster, S.W.1.	23 male and 27 female adults.
Middlesex ...	Enfield House, 19, Chase Side Crescent, Enfield, with ancillary premises : Fortescue Villas, Gentleman's Row, Enfield.	Do. Edmonton Union		Enfield House—42 males, feeble-minded boys and adult males.
	Hillingdon, Uxbridge ...	Do. Uxbridge Union	Do. do.	Fortescue Villas—32 females under the age of 16 years—idiots, imbeciles, and a limited number of feeble-minded cases. 12 male and 21 female adults.

Monmouth	...	Coedygic Institution, Griffithstown.	...	Do.	Pontypool Union	...	T. L. Hughes, Clerk of the Peace, New- port (Mon.).	55 female adults.
Montgomery	...	Forden	...	Do.	Forden Union	...	J. E. Tomley, Mont- gomery.	12 male and 30 female adults.
		Newtown and Llanidloes Caersws, Mont.		Do.	Newtown and Llanidloes Union.		Do. do.	28 juveniles of each sex. Cot and chair cases excluded.
Norfolk	...	Pulham Market, near Harleston.		Do.	Depwade Union...	...	W. E. Hansell, The Close, Norwich.	12 female adults.
		Exton's Road, King's Lynn.		Do.	King's Lynn Union	...	J. W. Woolstencroft, Town Hall, King's Lynn.	3 female adults.
(Norwich C.B.)		Heckingham	...	Do.	Loddon and Clavering Union.		W. E. Hansell, The Close, Norwich.	1 male and 30 female adults.
		Bowthorpe Lodge, Nor- wich.		Do.	Norwich Union	...	W. R. Cooper, Town Close, Norwich.	6 adult males and 20 females.
		The New Infirmary, Attleborough, Norfolk,		Do.	Wayland Union	...	W. E. Hansell, The Close, Norwich.	12 adult females
(Great Yarmouth C.B.)		Great Yarmouth	...	Do.	Great Yarmouth	...	G. Bracey, Gt. Yarmouth.	6 adults of each sex—high to medium grade.
Northampton	...	Kettering	...	Do.	Kettering Union	...	H. J. Cove, North- ampton.	16 male and 16 female adults.
		Northampton	...	Do.	Northampton Union	...	G. R. Bishop, North- ampton.	9 adults.
		Thorpe Road, Peter- borough.		Do.	Peterborough Union	...	W. J. Deacon, Clerk of the Peace, Peterborough.	12 male and 21 female adults.
		Union Lane, Welling- borough.		Do.	Wellingborough Union	...	H. J. Cove, North- ampton.	10 male and 10 female adults.
Northumberland		Prudhoe Hall Colony and Burn House, Prudhoe - on - Tyne, Northumberland.*			The Northern Counties Joint Poor Law Committee, Poor Law Offices, South Shields.		H. D. Irwin, 3, Royal Arcade, Newcastle - on - Tyne.	Prudhoe Hall Buildings: 162 males and 252 females; Burn House: 16 females. <i>Certified by Board of Education for 50 boys and girls.</i>

* Certified as a Special School by Board of Education.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

County or County Borough within which the Institution is situate C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Northumberland— <i>cont.</i>	<i>With ancillary premises :—</i> Howbeck Schools, Throston, W. Hartlepool. The Poor Law Institution, Bishop Auckland. <i>and</i> Harton Poor Law Institution, South Shields. Rothbury Poor Law Institution.	... .. ... .. ... .. The Guardians : Rothbury Union	G. H. Watson, Darlington. Do. Do. H. D. Irwin, 3, Royal Arcade, Newcastle - on - Tyne.	100 males and 120 females. 82 adult females. 78 adult males. 28 adult females.
Notts	Bulwell, Nottingham.	Do. Basford Union ...	K. T. Meaby, Shire Hall, Nottingham. Do.	40 female adults. 4 male and 8 female adults.
	1, Leverton Road, East Retford.	Do. East Retford Union ...	Do.	6 male and 12 female adults. Feeble-minded cases.
	Mansfield	Do. Mansfield Union ...	Do.	3 male and 12 female adults.
Oxford	Upton, Southwell ... 26, London Road, Chipping Norton.	Do. Southwell Union Do. Chipping Norton Union	Do. F. G. Scott, County Hall, Oxford.	10 male and 20 female adults, imbeciles and feeble-minded.
Rutland	Oakham	Do. Oakham Union ...	B. A. Adam, Clerk of the Peace, Oakham.	6 adult females.

Shropshire	...	Church Stretton	...	Do.	Church Stretton Union	W. Baxter, County Buildings, Shrewsbury.	50 female adults.
		The Beeches, Bridge, Salop.	Iron	Do.	Madeley Union	C. J. Sargeant, Much Wenlock.	10 male and 15 female adults.
Somerset	...	Frome Road	House	Do.	Bath Union	E. N. Fuller, LL.B., Guildhall, Bath.	6 male adults.
	...	Institution, Down, Bath.	Odd	Do.	Long Ashton Union	C. E. Newman, 14, Boulevard, Weston-super-Mare.	32 male and 34 female adults.
Do.	...	Flax Bourton, near Bristol.	near	Do.	Shepton Mallet Union	Do. do.	6 male and 50 female adults.
	...	Shepton Mallet	...	Do.	Basingstoke Union	F. V. Barber, The Castle, Winchester.	30 females. Feeble-minded over 16.
Southampton	...	Basingstoke	...	Do.	Fareham Union	Do. do.	30 male and 10 female adults.
		Fareham	...	Do.	Fordingbridge Union	Do. do.	12 male and 13 female adults.
		Fordingbridge	...	Do.	Portsmouth Union	B. J. Tay, Guildhall, Portsmouth.	25 adults of each sex.
(Portsmouth C.B.)		St. Mary's Road, Portsmouth.	Ports-	Do.	Burton-on-Trent Union	H. W. Goodger, Stapenhill, Burton-on-Trent.	10 male and 15 female adults.
	...	145, Belvedere Road, Burton-on-Trent.		Do.	Lichfield Union	A. H. Barnes, Lichfield.	4 male and 8 female adults.
Stafford	...	Trent Valley Road, Lichfield.	Road,	Do.	Dudley Union	E. Joy, M.A., County Buildings, Stafford.	50 male and 65 female adults.
(Burton-on-Trent C.B.)		Dudley	...	Do.	The Walsall and West Bromwich Unions Joint Committee.	Do. do.	71 male and 41 female adults ; 46 male and 70 female juveniles.
		Great Barr Park, Great Barr, near Birmingham.	Great Barr, near Birmingham.		The Guardians : Tamworth Union	Do. do.	2 male and 10 female adults.
		Wigginton Road, Wigginton, Tamworth.	Wigginton, Tamworth.		Do.	H. M. Foster, Town Hall, Wolverhampton.	17 male and 14 female adults.
(Wolverhampton C.B.)		Heath Town, Wolverhampton.	Wolverhampton.	Do.	Wolverhampton Union		

INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situated C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Suffolk ... (Ipswich C.B.)	Woodbridge Road, Ipswich.	The Guardians: Ipswich Union ...	S. Ward, 32, Museum Street, Ipswich.	15 male and 20 female adults.
Surrey ...	Ottershaw, Chertsey ...	Do. Chertsey Union	D. Aukland, County Hall, Kingston-on-Thames.	38 feeble-minded females aged 16 years and upwards.
	2, Horsham Road, Dorking.	Do. Dorking Union	Do. do.	3 male and 12 female adults.
	Bletchingley ...	Do. Godstone Union	Do. do.	54 male and 1 female adults. Imbeciles and feeble-minded.
	St. John's, Redhill ...	Do. Reigate Union ...	Do. do.	6 male and 9 female adults. (In-County cases only.)
Sussex (East) ...	West Hylands, Cuckfield	Do. Cuckfield Union...	H. J. T. McIlveen, County Hall, Lewes.	10 male and 20 female adults.
	123, Church Street, Eastbourne.	Do. Eastbourne Union	Do. do.	5 medium to low-grade females over 16 years of age.
(Hastings C.B.)	Frederick Road, Hastings	Do. Hastings Union	F. G. Langham, 44a, Robertson Street, Hastings.	12 adults of each sex.
Sussex (West) ...	Roffey, near Horsham	Do. Horsham Union...	S. Thornely, County Hall, Chichester.	5 male and 10 female adults.
	Easebourne, near Midhurst.	Do. Midhurst Union	Do. do.	5 male and 15 female adults.
	Kingston-by-Sea ...	Do. Steyning Union	Do. do.	5 male and 5 female adults.
	East Preston, near Littlehampton.	Do. East Preston Union	Do. do.	4 male and 12 female adults.

Warwick (Birmingham C.B.)	...	The Birmingham Certified Institution, King's Heath, Birmingham.* [Monyhull Colony and Erdington House.]	Do.	Birmingham Union	...	C. E. Barker, Birmingham.	Trainable cases between 5 years and 40 years of age. Monyhull Colony—300 males and 300 females. <i>Certified by Board of Education for 310 children.</i> Erdington House—50 adults of each sex, and 31 male and 30 female juveniles. 4 male and 24 female adults.
		Warwick	Do.	Warwick Union	...	J. Tibbits, Warwick.	
Westmorland	...	Milnthorpe, Westmorland.	Do.	Kendal Union	...	H. B. Greenwood, Clerk of the Peace, Kendal.	26 adult males, 27 adult females, and 18 boys and 24 girls.
Wilts	...	St. James, Devizes	Do.	Devizes Union	...	G. W. Jackson, Devizes.	16 females. Imbeciles between the ages of 20 and 50 years.
		1, Wilcot Road, Pewsey	Do.	Pewsey Union	...	W. L. Bown, Trowbridge.	12 adults of each sex; feeble-minded and moral defectives.
		Semington, Trowbridge	Do.	Trowbridge and Melksham Union.		Do.	6 male and 36 female adults.
		Wilton	Do.	Wilton Union	...	Do.	25 female adults.
Worcester	...	Evesham	Do.	Evesham Union...	...	C. H. Bird, Worcester.	4 males and 4 females.
		Wordsley, Stourbridge <i>With ancillary premises: Sandfield, Wordsley.</i>	Do.	Stourbridge Union	...	E. Joy, M.A., County Buildings, Stafford.	186 male, 130 female adults, and 68 children.
(Worcester C.B.)		Tatlow Hill, Worcester	Do.	Worcester Union	...	J. L. Wood, Guildhall, Worcester.	30 male and 20 female adults.
Yorkshire: East Riding.		Beverley	Do.	Beverley Union	...	J. R. Procter, County Hall, Beverley.	6 adults of each sex.
		Driffield	Do.	Driffield Union	...	Do.	24 male and 18 female adults.

* Certified as a Special School by Board of Education.

INSTITUTIONS APPROVED UNDER SECTION 37 ---continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Yorkshire : East Riding— <i>cont.</i> (Kingston-upon-Hull C.B.) (York C.B.) ...	Anlaby Road, Kingston-upon-Hull. 75, Huntington Road, York.	The Guardians : Kingston-upon-Hull In-corporation. Do. York Union ...	W. C. Bairstow, The Law Courts, Hull. H. Venn Scott, Clifford Street, York.	24 male and 24 female adults. 10 male and 20 female adults, (idiot, imbecile and feeble-minded), and 20 low grade juvenile males.
Yorkshire : North Riding.	Aysgarth ...	Do. Aysgarth Union...	A. Procter, 5, New Street, York.	20 female adults.
	Linthorpe, Middlesbrough	Do. Middlesbrough Union ...	T. Belk, Municipal Buildings, Middlesbrough.	7 females. Feeble-minded and moral defectives between the ages of 16 and 45 years.
	Northallerton ...	Do. Northallerton Union ...	A. Procter, 5, New Street, York.	6 males and 6 females.
	Scarborough ...	Do. Scarborough Union ...	C. W. Goodall, Scarborough.	30 male and 27 female adults.
Yorkshire : West Riding (Barnsley C.B.) (Bradford C.B.)	Gawber Road, Barnsley The Bowling Park Institution, Bradford. <i>with ancillary premises :</i> Odsal Sanatorium, Rooley Lane, Bradford. The Daisy Hill Institution, Bradford.	Do. Barnsley Union ... Do. Bradford Union ...	W. H. Coles, Burton Street, Wakefield. T. Gill, Bradford	10 adults of each sex. 15 female adults.
Do.		Do. do. ...	Do. do.	20 male adults.

(Halifax C.B.)	Gibbet Street, Halifax	Do.	Halifax Union ...	...	W. H. Coles, Wake- field. Do.	12 male and 12 female adult feeble- minded and moral defectives. 10 male and 25 female adults.
	Deanhouse Institution, Thongsbridge, near Huddersfield.	Do.	Huddersfield Union	...	do.	
	Giggleswick ...	Do.	Settle Union	...	Do.	37 males and 5 females. 27 males under sixteen years of age to be accom- modated in the Isolation Hospital, and 10 male and 5 female adults in the Main Building. 20 male and 50 female adults.
(Sheffield C.B.)	Firvale, Sheffield	Do.	Sheffield Union ...	...	F. B. Dingle, Shef- field. W. H. Coles, Wake- field. Do.	24 adult females—imbeciles, feeble- minded and moral defectives. 20 feeble-minded adult females.
	Tadcaster	Do.	Tadcaster Union	...	do.	
	Grenoside, Sheffield. ...	Do.	Wortley Union...	...	do.	

CERTIFIED HOUSES.

COUNTY.	Name and Address of House.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Dorset ...	The Rectory, Hinton Martel, Wimborne.	Rev. A. H. Baverstock ...	J. L. Torr, County Offices, Dorchester.	10 males (imbeciles and feeble-minded) : harmless cases over the age of 14 years, younger cases to be received only with the consent of the Board.
Herts ...	Arniston Nursery School, Boxmoor House, Boxmoor, Hertford. Rowley Lodge, Rowley Green, Barnet.	Miss J. M. Isbister and Miss M. D. Isbister Miss Elsie M. Wall and Miss Rose L. Binney.	Sir Charles E. Longmore, K.C.B., Hertford. Do. do.	20 low-grade cases of either sex. 14 of either sex. All classes within the meaning of the Act, being children under 16 years of age, except with the consent of the Board of Control, and provided each child is in all respects suitable to be in a house where the sexes are associated.
Lancashire ...	Cavendish House, Woodvale, Ainsdale, near Southport.	Miss L. J. Allen ...	G. W. Swift, 74, Hanover Street, Liverpool.	42 female imbecile and feeble-minded patients from 3 years of age.
Middlesex ...	St. Margaret's, 9, Priory Road, Bedford Park, London, W.4. The Gables, Upper Teddington Road, Hampton Wick, Kingston-on-Thames. <i>With ancillary premises:</i> Larkfield, 9, St. James's Road, Hampton Hill. Normansfield, Kingston Road, Teddington.	Miss Rose H. D. Whiting ... Mrs. E. Lethbridge ...	E. S. W. Hart, Guildhall, Westminster, S.W.1. Do. do. Do. do.	10 females. Imbeciles and feeble-minded. 22 of either sex : idiots, imbeciles and feeble-minded. 16 adult idiots and low grade imbeciles.
		R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B.	Do. do.	150 males and females, not more than 100 of either sex at any one time.

Sussex, East ... (Brighton C.B.)	St. Joseph's Home, Burgess Hill. Villa Maria, Kemp Town, Brighton.	Proprietors of St. George's Retreat Do.	... do.	H. J. T. McIlveen, County Hall, Lewes. A. G. Walker, Clerk to Justices, Brighton.	30 females of 12 years of age and upwards. 12 females. All classes within the meaning of the Act from 12 years of age and upwards.
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APPROVED HOMES.

COUNTY.	Name and Address of Home.	Names of Managers or Owners.	Number and Class of Defectives.
Berks	St. Agnes Home, Caversham.	Miss A. K. Pritchard	4 adult females, and 4 girls or 4 boys.
Bucks	Lynwood, Woburn Sands, Bucks.	Mrs. A. M. Loveless	7 males.
Cornwall	The Elizabeth Barclay Home of Industry, Bodmin.	The Committee of the Elizabeth Barclay Home of Industry, Bodmin.	26 females.
Devon	St. Anthony's, Ottery St. Mary.	Miss L. Cottrell and Miss E. Costiff	7 patients, of whom 1 may be an adult female and of the remaining 6 juveniles not more than 2 shall be males of tender years.
Dorset	Shirley, West Moors	Miss A. S. Gover and Miss K. M. Winterflood	6 feeble minded female adults.
Essex...	Gay Bowers, West Hanningfield, Chelmsford.	Percy and Mrs. Gertrude Chennells	7 males.
Gloucester	Southend House School, Hat-herley Brake, Cheltenham.	Miss Agnes King-Turner	25 cases of either sex—each child in all respects suitable to be in a house where the sexes are associated.
Kent...	Upper Hollenden Farm, Princess Christian's Farm Colony, Hildenboro', Kent.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1.	18 males.
Merioneth	Bryn School, Hengwrt Uehaf, Dolgelly.	Mrs. G. I. Parry and Mr. T. G. Parry	50 males.
Middlesex	Alexander House, 117, High Street, Uxbridge.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1.	24 females.
	Brook House and White House Farm, Southgate, N.14. also The Cottage, White House Farm.	H. Corner, M.D., and Mrs. Corner	37, of whom not more than 22 males and not more than 15 females shall be in Brook House, and not more than 10 males shall be in White House Farm. Only private patients received.
	Conifers, Kingston Road, Teddington.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B., Normansfield, Hampton Wick.	3 male (children) and 22 female private patients.
	Trematon, Broom Road, Teddington.	Do. do.	24 males. Private.
	St. Christopher's School, Amherst Road, Ealing, W.	Miss Mary Catherine Beaufoy Foster	28 feeble-minded private patients.
	Meadowside, Cambridge Road, Teddington.	Miss F. M. Deck	10 patients of both sexes, provided each case is in all respects suitable to reside in a house where the sexes are associated.

Norfolk	...	Gimingham Hall Farm, Gimingham, Norwich.	Miss S. A. Huntly ...	...	...	20 females.
Northumberland	...	The Home of Industry, Bow Villa, Morpeth.	Committee of six Ladies ...	...	...	16 females. Poor Law cases received.
Somerset	...	Lyncombe Hall, Bath ...	Miss W. Stanley ...	...	...	10, of whom not more than 4 may be juvenile males suitable in all respects to be in a house where the sexes are associated.
Surrey	...	Belmont Nursery, Beddington.	Miss Lilian Mason ...	...	...	20 children of either sex.
Sussex (East) (Hastings C.B.)	...	Tilden Cottage, Hindhead	Miss A. Willsher ...	...	...	7 males from 10 to 18 years of age.
		St. Paul's House, Upper Maze Hill, St. Leonards-on-Sea. Duncultha, St. Helen's Park, Hastings.	Mrs. Jennie Meiklejohn ...	...	...	34 defectives, not more than 5 to be males.
		Avonhurst, Inholmes Park Road, Burgess Hill.	Miss Mole and Miss Bruce	...	...	40 males.
			Miss S. M. Macdowall ...	...	...	22.
Sussex (West)	...	The Priory, Tortington, near Arundel.	Miss D. S. Ault ...	...	...	17. males.
Warwick	...	The Vineyard, Longbridge Lane, Birmingham, <i>with ancillary premises :</i> (a) Whiteriggs, Dawlish Warren, Dawlish. (b) The Scotch House, Finstall, Bromsgrove	Miss M. F. Bridie ...	...	...	67 juveniles (34 at The Vineyard, 8 at Vinettes, 14 at the Scotch House, and 11 at Whiteriggs). Each case to be suitable to re- side in a house where the sexes are associated.

